
NOTICE OF PRIVACY PRACTICES

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This document explains how your health information may be used and disclosed and how you may gain access to this information. Please review this notice carefully. The privacy of your health information is very important to me.

MY LEGAL OBLIGATION

I am required by both state and federal law to maintain and protect the privacy of your health information. I am also required to disclose this information to you regarding our privacy practices, our legal duties and your rights concerning your health information. I am required to follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on September 8, 2005 and will remain in effect until it is replaced.

I reserve the right to change these privacy practices and the terms of this Notice at any time, provided such changes are permissible by law. I reserve the right to make the changes in my privacy practices and the new terms of our Notice effective of all health information that I maintain, including health information I created or received prior to making the changes. I will change the Notice and will make the new Notice available upon request prior to making a significant change to my privacy practices.

You may request a copy of this Notice at any time. For more information about these privacy practices, or for additional copies of this document, please contact me using the information at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

I may use and disclose health information about you for treatment, payment, and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.

Payment means activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.

Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.

I may also create and distribute health information by removing all references to individually identifiable information.

I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any disclosures other than those described above will be made only with your written consent. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

PATIENT RIGHTS

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer

Access: You have the right to inspect and copy your protected health information.

Restriction: You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to family members, other relatives, close personal friends, or any other

person identified by you. However, I am not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you agree in writing to remove it.

Alternative Communication: You have the right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.

Amendments: You have the right to request that I amend your protected health information. Your request must be in writing and it must explain why the information should be amended. I may deny your request under certain circumstances.

Disclosure Accounting: You have the right to receive an accounting of disclosures of protected health information.

Electronic Notice: If you receive this Notice by electronic mail, you are entitled to obtain a paper copy of this Notice upon request.

QUESTIONS AND COMPLAINTS

Please contact me if you would like more information about my privacy policies.

If you feel that I have violated your privacy rights, you have recourse. You have the right to file a written complaint with my office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. I will not retaliate against you for filing a complaint.

Office Contact Information
Monica Shields, LicAc
69 Robeson Street
Jamaica Plain, MA 02130
508.314.7559

U.S. Government Contact Information:
U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, D.C. 20201
202.619.0257
Toll Free: 1.877.696.6775