

Benevolence Healing Arts LLC
Notice of Patient Privacy Practices
updated 3/1/11

As mandated by Federal and State legal requirements, your health information must be protected. As part of these regulations, we are required to ensure that you are aware of privacy policies, legal duties, and your rights to your protected health information. This notice of privacy policies will be in effect until it is replaced and must be followed by our practice. We reserve the right to modify our privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. We reserve the right to make the modifications effective for all protected health information that we maintain, including protected health information we created or received before the changes were made. Changing this notice will precede all significant modifications. A copy of this notice will be provided upon request.

Benevolence Healing Arts will ask you to sign an acknowledgement that you have received this Notice of Patient Privacy Practices. In accordance with the HIPAA Privacy Regulation, this Notice describes how Benevolence Healing Arts may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. The notice also describes your rights and Benevolence Healing Arts' requirements to protect your health information.

Treatment, Payment, and Health Care Operations

For purposes of treatment: We will use your health care information to treat you. We may disclose your protected health information to another health care provider when needed by the provider to render treatment to you. However, this disclosure will only occur if you have authorized it in writing.

For payment services: We will use your health care information to receive payment for services and products. We will bill you and/or a third party payer for the cost of treatment and herbs provided to you. The information on or accompanying the bill may include your identification, as well as the herbs you are taking.

For health care operations: We may use and disclose your protected health information for all activities that are included within the definition of "health care operations" as defined by the federal privacy Regulations.

Other uses and disclosure of protected health information permitted or required by regulation:

The following is a description of other possible ways we may use and/or disclose your protected health care information:

Friends and family: We may disclose your protected health care information to friends and family in case of an emergency to the extent necessary to help with your health care or with payment of your health care. Using our best judgment as health care professionals, we may disclose protected information with a family member, other relative, close personal friend, or any person you identify as being involved in your health care. We will use our professional judgment and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up herbs, supplements, medical supplies or other similar forms of protected health information.

Reminder calls: We may contact you to provide reminders of herbal refills or appointments or other health related services that may be of interest to you.

Other covered entities: We may disclose protected health information to another covered entity to conduct health care operations in the area of quality assurance activities, certification or licensing.

Disclosure to the U.S. Department of Health and Human Services: When the U.S. Department of Health and Human Services is investigating or determining our compliance with the federal Privacy Regulations, we are required to disclose your protected health information to the DHHS.

Abuse or neglect: We may disclose your protected health care information to appropriate authorities if we believe that you may be a possible victim of abuse, domestic violence, neglect or other crimes.

Serious threat to health or safety: We may disclose your protected health care information if we believe that the disclosure is necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person.

Public health and safety: We may release your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we may use information in your health record to the Food and

Drug Administration relative to adverse events regarding drugs, foods, supplements, and other health products or to post marketing surveillance to enable product recalls, or replacements.

Law enforcement: We may disclose to law enforcement agencies in response to a court order, subpoena, discovery request, administrative order, or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health care information.

Other required or permitted disclosures: We may disclose your health care information to the following entities under given circumstances: Whenever required to do so by law;

- To a correctional institution or its agents, if a patient is or becomes an inmate of such an institution, when necessary for the patient's health or the health and safety of others;
- To notify, or assist in notifying a family member, personal representative, or another person responsible for the patient's care, or the patient's location, or general condition;
- To the military authorities under certain circumstances when the patient is a member of the Armed Forces;
- To authorized federal officials for intelligence, counterintelligence, and other national security activities

Authorized use and disclosure

We will obtain your written Authorization before using or disclosing your protected health care information for purposes other than those listed above or otherwise permitted or required by law. You may revoke an Authorization in writing at any time. Upon receipt of this revocation, we will stop using or disclosing your protected health care information except to the extent that we have already taken action in reliance on the Authorization.

Patient Rights

Requests for Restrictions: You have the right to request that we restrict how your protected health information is used or disclosed in carrying out treatment, payment, or health care operations. Such requests must be made in writing to Benevolence Healing Arts. In your request, tell us: 1) the information of which you want to limit our use and disclosure and 2) how you want to limit our use and/or disclosure of the information. We are not required to agree to the requested restrictions, but if we do, we will abide by our agreement except in an emergency.

Access to protected health information: You have the right to look at or obtain a copy of your protected health information. You must make a request in writing to Benevolence Healing Arts to obtain access to your protected health information. If you request copies, we may charge you a reasonable fee for copies and postage. We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request the denial be reviewed.

Accounting of Disclosures: You have a right to receive an accounting of the disclosures we have made of your protected health information (PHI). We will provide the date on which we made the disclosure, the name of the person or entity to which we disclosed your PHI, a description of the PHI we disclosed, the reason for the disclosure, and certain other information.

Amendments to health care information: You may request that we amend your protected health information if you feel that it is incomplete or incorrect. Your request must be in writing, and it must explain why the information should be amended. If we did not create the information you want amended or for certain other circumstances, we may deny your request. If we deny your request, we will provide you with a written explanation. If denied, you have the right to file a statement of disagreement with the decision.

For more information or to report a problem

If you would like additional information or have questions about our privacy practices, you may contact us at the address or phone number below. If you believe your privacy rights have been violated, you may file a complaint with Benevolence Healing Arts or with the Department of Health and Human Services. We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or with the Department of Health and Human Services.

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