
OUR RESPONSIBILITIES

This office is required to maintain the privacy of your health information and to provide you with this notice of our privacy practices. This office reserves the right to change practices, and we promise to make a good faith effort to notify you of any changes. Other than for the reasons described in this notice, we agree not to use or disclose your health information without your authorization.

This office is required to follow the terms of this notice. If any of these provisions with regard to the release of information or electronic transmission of data are not acceptable to you, please send us your request in writing. We will honor your request or will reply in writing if we are unable to grant your request to disclose or restrict disclosure of your health information to others. In either case, we will do our best to find a way to protect your privacy that is acceptable to you.

FOR ADDITIONAL INFORMATION OR TO REPORT A PROBLEM

For further explanation of this notice, you may contact Kathy Rebeck at 910-599-3081. If you believe your privacy rights have been violated, you have the right to file a complaint with this office or with the U.S. Secretary of Health and Human Services with no fear of retaliation.

NOTICE OF PRIVACY PRACTICES AVAILABILITY

This notice of privacy practices is available in the office and a copy is given to each individual receiving care. This office is required to notify patients of its privacy practices every 36 months if patients request it. If you would like to receive such notices, please let us know, in writing, at 36-month intervals. Otherwise this first notice will suffice.



Revised June 23, 2007

DISCLOSURES REQUIRED BY LAW WHICH DO NOT REQUIRE YOUR CONSENT

FDA (Food and Drug Administration)

This office is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products and product defects for surveillance to enable product recalls, repairs or replacements.

WORKER'S COMPENSATION

This office will release information to the extent authorized by law in matters of worker's compensation.

PUBLIC HEALTH

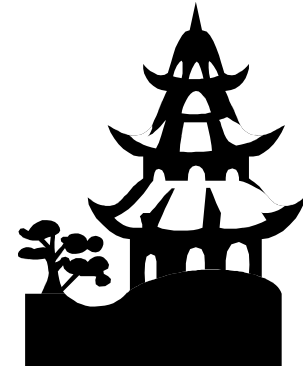
This office is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity. This office is further required by law to report communicable disease, injury or disability.

LAW ENFORCEMENT

Your health information will be disclosed in response to a valid subpoena or for law enforcement purpose as required by state law. Federal law permits the disclosure of your health information to appropriate health oversight agencies, public health authorities, or attorneys if we believe in good faith that there has been unlawful conduct or violations of professional or clinical standards that may endanger one or more patients, workers, or the general public. We may disclose health information if we believe that you are a possible victim of abuse, neglect, domestic violence, or other crime.

Notice of Privacy Practices

Shining Sea Acupuncture, LLC



This notice describes how health information about you may be used and disclosed, and how you can get access to your health information. Please review this notice carefully.

Kathy Rebeck, M.Ac., L.Ac.

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UNDERSTANDING YOUR HEALTH RECORD

A record is made each time you visit any health care provider. Your symptoms, results of examination, the practitioner's judgments, treatment and a plan for future care are recorded. This record serves as a basis for planning your care and treatment. It also serves as a means of communication among any other health professionals who may contribute to your care.

Understanding what information is recorded and how that information may be used will help you ensure its accuracy and enable you to know who, what, when, where, and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others.

UNDERSTANDING YOUR HEALTH INFORMATION RIGHTS

Your health record is the physical property of this office, but the content is about you and therefore belongs to you.

You have the right to:

- Review or obtain a paper copy of your health record, at your written request, within 30 days, unless we deem it harmful to you
- Request that appropriate amendments be made to your health record
- Request restrictions on certain uses and disclosures of your information by notifying us in writing (we are not legally required to agree to your restriction request)
- Authorize disclosure of the record to others, and be given an account of those disclosures
- Revoke any further authorizations to use or disclose your health information, other than activity that has already occurred
- Request communication from this office by alternate means or to alternate locations
- Request a paper copy of a notice originally sent or received electronically.

YOUR HEALTH INFORMATION WILL BE USED IN THESE WAYS

Your health information will be routinely used for treatment, payment and quality monitoring, and your consent, or the opportunity to agree or object, is not required in these instances:

TREATMENT

Information obtained by your acupuncture practitioner in this office will be recorded in your medical record and used to determine the course of treatment that should work best for you. Your practitioner may record her own expectations and those of others involved in your care. Your health information may be shared with others involved in your care or providing consultation about your treatment.

PAYMENT

Your health care information may be used in order to receive payment for services rendered by this office. A bill may be sent by mail or electronic means to you or to a third-party payer, such as an insurance company, with accompanying documentation that identifies you, your diagnosis and/or practitioner's impressions and procedures performed.

QUALITY MONITORING

This office may use your health information to assess the care you received and compare your treatment outcomes to others. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.



ROUTINE USES AND DISCLOSURES

The following are considered routine uses and disclosure for which specific authorization will not be requested. You have the right to request restrictions on these uses. This office will request your authorization whenever disclosure of personal health information is necessary to parties other than those referenced here.

BUSINESS ASSOCIATES

Some or all of your health information may be subject to disclosure through contracts for services to assist this office in providing health care. To protect your health information, we require these business associates to follow the same standards held by this office through terms detailed in a written agreement. Examples of these include, but are not limited to, herbal pharmacies, billing services, and data managers.

COMMUNICATION WITH FAMILY

Using our best judgment, a family member or close personal friend, identified by you, may be given information relevant to your care. Your health record may be used to notify or assist family members, personal representatives, or other persons responsible for your care to enhance your well being or to confirm your whereabouts.

COMMUNICATION WITH YOU

This office reserves the right to contact you with appointment confirmation or reminders, or other information about treatment. Using our best judgment, we may leave messages on telephone answering systems or send electronic mail messages. If you wish us to use any particular discretion in contacting you, please let us know in writing. Each electronic mail will contain guidelines for e-mail communications. This office reserves the right to mail or send you other information, such as a newsletter or other health-related information that you may find useful.