

Abigail Humphrey, R.Ac., Dipl.Ac.
Integrative Healthcare Providers
3053 Miller Road
Ann Arbor, MI 48103
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Notice of Privacy Practices

This notice, and the accompanying Practices Regarding Disclosure of Patient Health Information, describe how health information about you may be used and disclosed, and how you can get access to your health information. The Notices are posted near the front desk and copies are given to all individuals receiving care. Please review this information carefully.

Understanding your health record:

A record is made each time you visit me. Your symptoms, the practitioner's judgments, and a plan of treatment are recorded. This record serves as a basis for planning your care and treatment at future visits, and also serves as a means of communication among other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will assist you to ensure it is accurate and make informed decisions about who, what, when, where, and why others may be allowed access to your health information.

Understanding your health information rights:

Your health record is the physical property of Abigail Humphrey, 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, and to request that appropriate amendments be made to your health record. You have the right to request restrictions on certain uses and disclosures of your information, to authorize disclosure of the record to others, and be given an account of those disclosures. Other than activity that has already occurred, you may revoke any further

authorizations to use or disclose your health information. Should we need to contact you, you have the right to request communication by alternate means or to alternate locations.

My responsibilities:

I am required to maintain the privacy of your health information and to provide you with this notice of our privacy practices. I am required to follow the terms of this notice and to notify you if I am unable to grant your request to disclose or restrict disclosure of your health information to others. I reserve the right to change my practices and promise to make a good faith effort to notify you of any changes. Other than for the reasons described in this notice, I agree not to use or disclose your health information without your authorization.

Please contact me if you would like to receive additional information or report a problem. If you believe your privacy rights have been violated, you have the right to file a complaint with me and/or with the U.S. Secretary of Health and Human Services with no fear of retaliation by this office.

I, _____, have received a copy of this Notice of Privacy Practices and the accompanying Practices Regarding Disclosure of Patient Health Information. I understand my health information will be used and disclosed consistent with these Notices.

Client/Patient Signature: _____ Date: _____

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Practices Regarding Disclosure of Patient Health Information

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 me will be entered in your record and used to plan the course of treatment. Your health information may be shared with others involved in your care or providing consultation about your treatment. Your practitioner's own expectations and those of others involved in your care may also be recorded.
- **Payment** – Your record will be used to receive payment for services rendered. A bill may be sent to either you or a third-party payer with accompanying documentation that identifies you, your diagnosis and/or practitioner's impressions, and procedures performed.

In addition, the following disclosures are required by law and do not require your consent:

- **Food and Drug Administration (FDA)** – 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** – (1) Your health information will be disclosed in response to a valid subpoena for law enforcement purposes, as required under state or federal law. (2) In the event that a staff member or business associate of this office believes in good faith that one or more patients, workers, or the general public are endangered due to suspected unlawful conduct of a practitioner or violations of professional or clinical standards, provisions of federal law permit the disclosure of your health information to appropriate health oversight agencies, public health authorities, or attorneys.

It is my practice to consider the following as routine uses and disclosures for which specific authorization will not be requested. You have the right to request restrictions on these uses. Otherwise, I will request your authorization whenever disclosure of personal health information is necessary to parties other than those referenced here.

- **Communications with Family** – Using best judgment, a family member, close personal friend identified by you, personal representative, or other persons responsible for your care may be notified or given information about your care to assist them in enhancing your well-being or to confirm your whereabouts.