



Ding's Acupuncture, Massage & Herbs
14042 NE 8th Street, Suite 210
Bellevue, WA 98007

Phone: 425-298-3819; Email: Info@DingsAcupuncture.com

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Ding's Acupuncture, Massage & Herbs Center respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatments, health information from other providers, and billing and payment information relating to these services. Federal and State law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this for payment purposes.

How we may use the Disclose Protected Health Information for Treatment, Payment and Health Operations?

For treatment: Information obtained by a licensed provider or other member of our health care team will be recorded in your medical record and used to help decide what care maybe right for you. We may also provide information to other providing you care, and this will help them stay information about your care.

For payment: We request payment from your health insurance plan. Health plans need information from me about your medical care. Information provided to health plans may include your diagnoses, procedure performed or recommended care.

For health care operations: We use your medical records to access quality and improve services. We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff. We may contact you to remind you about your appointments and give you information about treatment alternative or other health-related benefits and services. We may use and disclosed your information to conduct or arrange services, including:

Medical quality review by your health plan

Accounting, legal, risk management and insurance services

Audit functions, including fraud and abuse detection and compliance with programs.

Your Health Information Rights: The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

Receive, read and ask questions about this Notice.

Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with the requests.

Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice").



Ding's Acupuncture, Massage & Herbs
14042 NE 8th Street, Suite 210
Bellevue, WA 98007

Phone: 425-298-3819; Email: Info@DingsAcupuncture.com

Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing.

Have us review a denial of access to your health information-except in certain circumstances.

Ask us to change your health information. You may give me this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your Records.

When you request, we will give you a list of disclosure of your health information. This list will not include disclosures of third party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request information more than once in 12 months.

Ask that your health information be given to you by another means or at another location. Please sign, date and file us your request in writing.

Cancel prior authorization to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact: Ding's Acupuncture, Massage & Herbs at 14042 NE 8th St, Suite 210, Bellevue, WA 98007 Telephone: 425-298-3819

Our Responsibilities:

We are required to:

Keep your protected health information private.

Give you this Notice.

Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling us or by visiting our office to pick one up.

To Ask for Help or Complain:

If you have any questions, want more information, or want to report a problem about the handling of your protected health information, please contact us. If you believe your privacy rights have been violated, you may discuss your concerns with our staff members. You may also deliver a written complaint to us. You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosure and Uses of Protect Health Information Notification of Family and Others



Ding's Acupuncture, Massage & Herbs
14042 NE 8th Street, Suite 210
Bellevue, WA 98007

Phone: 425-298-3819; Email: Info@DingsAcupuncture.com

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may

disclose health information about you to assist in disaster relief efforts. You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use or disclose your protected health information without your authorization as follows:

With Medical Researchers: If the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.

To funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.

To Organ Procurement Organizations (tissue donations and transplant) or persons who obtain, store or transplant organs.

To the Food & Drug Administration relation to problem with food, supplements and products.

To Comply with Workers' Compensations Laws – if you make workers' compensation claim.

For Public Health and Safety Purpose as Allowed or Required by Law

to prevent or reduce a serious, immediate threat to the health or safety

to public health or legal authorities

to protect health and safety

to prevent or control disease, injury or disability

to report vital statistics such as births or deaths

To Report Suspected Abuse or Neglect to public authorities

To Correctional Institutions if you are in jail or prison, as necessary for your health and health and safety of others.

For Law Enforcement Purposes such as when we receive a subpoena, court order or other legal process, or you are a victim of a crime.

For Health & Safety Oversight Activities. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.

For Work-Related Conditions that could Affect Employee Health. For example, an employer may ask us to assess health risks on a job site.

To the Military Authorities of U.S. and Foreign Military Personnel. For example, the law may require us to provide information necessary to a military mission.

In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.

For Specialized Government Functions. For example, we may share information for national security purposes.

Other Use and Disclosures of Protected Health Information

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorizations.