



NOTICE OF PRIVACY POLICY

HIPAA, the Health Insurance Portability and Accountability Act of 1996, established rights and protections for healthcare consumers and created responsibilities for healthcare providers.

The HIPAA Privacy Rule of April 14, 2001 requires compliance in the year 2003 for healthcare providers to implement administrative, technical, and physical safeguards to ensure the security of your individual identifiable health information that we collect to conduct our business.

The following is informing you of the implementation of these Privacy Policies in our Intern Clinic. You will be asked to sign Patient Acknowledgement of Privacy Policies for our records when you have finished reading this notice. You are entitled to a copy of this notice.

Information We Collect to Conduct Our Business:

On your initial visit, we ask you to sign an Acupuncture Consent Form, and complete a written Acupuncture Intake/Health History Form concerning your Health history and other relevant personal data. We ask that you read this notice, and sign the Patient Acknowledgement of Privacy Policies.

In compliance with the State of New Jersey Acupuncture Regulation 13:35-9.8, we are required to obtain a written copy of your diagnosis or referral from a licensed physician before we may perform your initial acupuncture treatment. For your convenience, secure site with access by Eastern School of Acupuncture staff only.

Each time you visit the clinic for your acupuncture treatment, a written record of your session is made on our Acupuncture Progress Notes. This contains results of your Verbal and Physical Assessment, Acupuncture Diagnosis, Acupuncture Treatment (including acupuncture points or adjunct tools used), and any Recommendations or Referrals.

The above forms are placed in your individual and completely confidential file, maintained in a locked cabinet in a secure room with access by Eastern School of Acupuncture staff only.

Other data that may be requested throughout your course of treatment such as laboratory or medical test results may also be kept in this file.

Any correspondence we receive from medical or acupuncture consultations and/ or attorneys will also be placed in your own individual confidential file.



Information Shared within the Intern Clinic:

The information collected in your file is shared among Student Interns, Clinic Supervisors, and Eastern School of Acupuncture staff for educational and informational purposes only to increase the effectiveness of your acupuncture treatments. This educational sharing may involve a discussion of the acupuncture energetic of your particular case in the classroom facilities of the Eastern School, but your name and other identifying personal data is not disclosed in such discussions.

We utilize a Sign-In Sheet to assist us in documentation of Student Intern assignment and for planning future clinic hours. This is kept in a secure office receptionist area, and will be handed to you by staff upon your arrival for your signature. You only need to sign your first name and last initial.

We utilize a Needle In/Needle Out Documentation Sheet posted in each treatment room for the sole purpose of training our Student Interns to be impeccable in the safe handling of needles. Only your initials are placed on this document by the Student Intern.

We conduct a Research Project each clinical year, as part of the Student Interns required Research Course. This research project is clearly defined and limited and we obtain written authorization we do not conduct any research without your knowledge, nor share any of your records with any outside research agencies.

We collect full payment for each acupuncture treatment upon each visit. Your name and check number or cash payment are written on a form each day by the receptionist in the secure reception area accessible only by Eastern School of Acupuncture staff. This is placed in a locked box, and opened by a bookkeeper in a secure area of the administrative offices of the Eastern School of Acupuncture. We do not bill by mail, nor do we share any information via electronic mail with any insurance company or bill-collecting agency.

Information Shared Outside the Intern Clinic: It's YOUR Choice:

We do not share information outside of the Intern Clinic without your written authorization.

You have the right to decide whom and for how long anyone else may have a copy of our records. You must sign an Authorization for Release of Health information with specific indication of the information we have collected that you want released. You must also sign the accompanying Individual Rights Relating to this Authorization form indicating how long your authorization is valid. (These forms are attached to this notice for your review.)

We do request the right to call you at the phone numbers you have given us for the sole purpose of making appointments, notifying you of changes in clinic hours or cancellations due to inclement weather; or to inquire about your health status between treatments. We request the right to leave messages at these numbers. If you do not want us to provide these services, please indicate such in writing on the Authorization for Release of Health Information.



We request the right to mail you information concerning marketing materials, notice of Eastern School of Acupuncture events, or other to the address you have provided us with. If you do not want us to provide this service, please indicate such in writing on the Authorization for Release of Health Information.

We do not share your health information with any family member without your express written consent on the Authorization for Release of Health Information. We do request the right to call a family member, at the number you have provided us with for emergencies, should one occur while you are in our care.

Currently we utilize a hand-written appointment book, which is maintained in the secure receptionist office and handled only by the Eastern School of Acupuncture Staff. In the near future, we hope to use a computer for scheduling, and will ensure that our system will be technologically safeguarded for your privacy protection.

Exceptions to your written authorization:

HIPAA explicitly allows disclosure of patient health information without consent for the following situations: emergency circumstance, identification of the body of a deceased person or the cause of death; public health needs; research; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security.

Complaints:

Complaints about your privacy rights or how your privacy is handled at this office can be directed to our Privacy Officer, Cary Brosius by calling this office or directing a letter to his attention. If you are not satisfied with how this office handles your complaint you may submit a formal complaint to:

DHHS (Office of Civil Rights)
200 Independence Ave., SW
Room 509F HHH Building
Washington, DC 20201



EASTERN SCHOOL OF ACUPUNCTURE AND
TRADITIONAL MEDICINE

I HAVE READ AND UNDERSTOOD THE NOTICE OF PRIVACY
POLICIES OF THE INTERN CLINIC AT THE EASTERN SCHOOL OF
ACUPUNCTURE AND TRADITIONAL MEDICINE.

I ACCEPT THE TERMS OF THIS AGREEMENT.

_____ DATE _____
Patient of Representative (relationship to patient)

_____ DATE _____
Eastern School of Acupuncture Staff Member