



Turtle Moon Acupuncture

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl. O.M., L.Ac.

434 Church Street

Saratoga Springs, New York 12866

(206) 579-8267

NY AC Lic#: 004758

Notice of Privacy Practices

The information provided below describes how medical information about you may be used and/or disclosed, and how you may have access to this information. This document should be reviewed carefully. You will be provided with a copy of this notice to retain for your own files.

If you have questions regarding this notice,
please contact Dana Balassi at the contact information below:

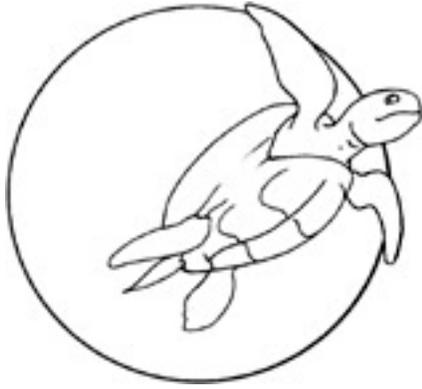
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We respect your privacy and understand that your medical information is personal and sensitive. Moreover, we are required by law to make sure that medical information that identifies you is kept private. This Notice of Privacy Practices describes how we may use or disclose your protected health information at our clinic. We are required to give you this notice of our legal duties and abide by the terms of this notice, however, we may change our notice at any time. Please note that any new notice adopted will be effective for all protected health information maintained at the time of change. You will not be notified individually if a change is made to our notice; however, upon request, we will provide you with a copy of our current notice. You may always obtain a copy of our current notice by any of the following means:

1. Contacting our office by mail or by phone at the address and phone number listed above.
2. Asking for a copy at the time of your next visit.

Legal Responsibilities of the East Asian Medical Practitioner (hereinafter referred to as the “practitioner”) : As mandated by Federal and State legal requirements, your protected health information must be protected. As part of these regulations, the practitioner is required to ensure you are aware of privacy policies, legal duties, and your rights to your protected health information. This notice of privacy policies, outlined below, will be in effect for the duration and must be followed by the practitioner. This notice will be in effect until it is replaced.

The practitioner reserves the right to modify the privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. The practitioner reserves the right to make the modifications effective for all protected health information that the practitioner maintains, including protected health information the practitioner created or received before the changes were made.



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Changing the notice will precede all significant modifications. A copy of this notice will be provided upon request.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. We may also disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

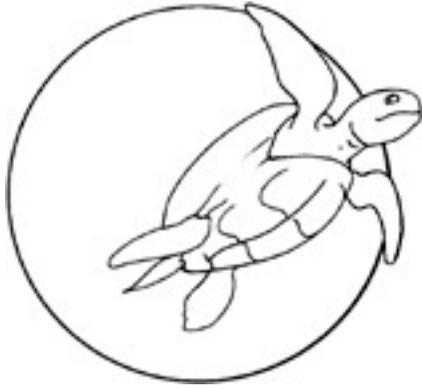
Protected Health Information Use and Disclosure: Information regarding your health may be used and disclosed for the purpose of treatment, payment, and other healthcare operations. Examples cited below further explain the use and disclosure process.

Healthcare Operations: We may use or disclose, as necessary, your protected health information in order to support various business activities of our clinic. These activities include, but are not limited to, quality assessment activities, licensing, marketing and fundraising activities, and conducting or arranging for similar business activities. For example, we may call you by name in the waiting room when ready to see you, and we may use or disclose your protected health information, as necessary, to contact you and remind you of your upcoming appointment(s).

We will share your protected health information with third party business associates that perform various activities—such as billing, collections, or records management—for the clinic. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our clinic and the services we offer. We may also send you information about products or services we believe may be beneficial to you. We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities. If you do not wish to be contacted for these purposes, please call or write to our office at the address or phone number specified on page one.

Treatment: Use and disclosure of your protected health information may be provided to a physician or other healthcare provider providing treatment to you. However, this information will not be provided unless you have authorized it in writing.



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Payment: Your protected health information may be used and disclosed to obtain payment for services the practitioner provided to you.

Your Authorization: At any time, you may provide in writing your authorization for use and disclosure of your protected health information for any purpose. You may choose to revoke your written permission at any time. The revocation must be in writing. If you revoke your written authorization, it will not affect any use or disclosure prior to the revocation.

Your protected healthcare information may be used and disclosed to you, as described in the *Patient Rights* section of this notice. In addition, your protected health information may be used and disclosed to a family member, friend, or other person to the extent necessary to assist you with your healthcare, but only with your authorization.

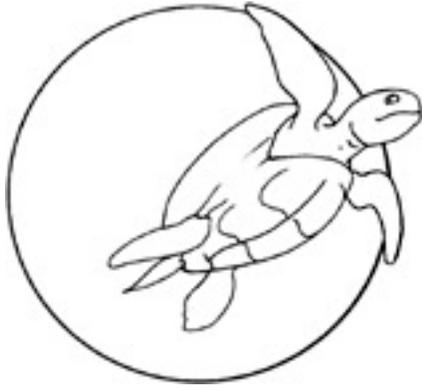
Person Involved In Care: In order to accommodate the notification of your location, your general condition, or death, your protected health information may be used or disclosed to a family member, your personal representative, or another person responsible for your care. If you are present and wish to object to such disclosures of your protected health information, you may do so. To the extent you are incapacitated or emergency circumstances exist, the practitioner will disclose protected health information using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your healthcare. The practitioner will use professional judgment and experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.

Marketing Health-Related Services: The use of your protected health information for the purpose of marketing communications is prohibited without your written authorization.

Required By Law: Your protected health information may be used or disclosed if required by law. You will be notified of any such uses or disclosures only if required by law.

To the FDA: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Workers' Compensation: We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.



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Research: We may disclose your protected health information to researchers when an institutional review board has approved their research. The institutional review board will have reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Coroners, Funeral Directors, and Organ Donation: We may disclose your medical information to a coroner, medical examiner or funeral director, if necessary, for them to carry out their duties should you die.

Abuse or Neglect: As required by law, if the practitioner has reason to believe that you are the victim of possible abuse, neglect, domestic violence, or other possible crimes, your protected health information may be disclosed to the appropriate authorities. If the practitioner has reason to believe the use or disclosure of your protected health information will prevent a serious threat to your health or safety or the health or safety of others, the practitioner may have to provide the necessary protected health information.

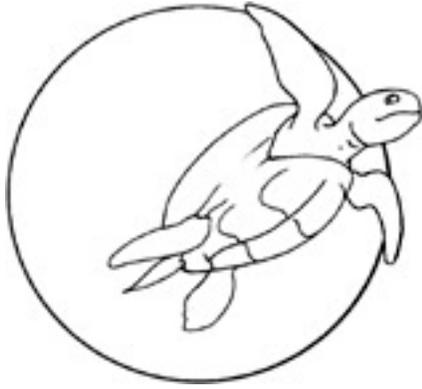
National Security: Under some circumstances, the military may require disclosure of healthcare information for armed forces personnel. For the purpose of national security activities, counter intelligence and lawful intelligence, authorized federal authorities may require disclosure of protected health information. Protected healthcare information disclosure may be made to correctional facilities or law enforcement authorities with the lawful authority requiring custody of such information.

Appointment Reminders: Your protected healthcare information may be used to assist you with appointment reminders in the form of voicemail messages, postcards, or letters. The practitioner may also write a thank you card to whomever referred you to this practice.

Patient Rights Access: At all times, you have the right to review your protected health information, with limited exceptions. At your request, the practitioner will provide your information in a format other than photocopies. If the practitioner is able to do so, your request will be accommodated.

Your request to obtain access to your information must be in writing. You may obtain a *Protected Health Information Access Form* by using the contact information at the beginning of this notice. The practitioner may need to charge you a reasonable cost-based fee for expenses including copies and staff time. You may also request access for submitting a letter using the information at the bottom of this notice. If you request copies, the practitioner will charge you \$0.83 per page for the first 30 pages and \$0.63 for every page after that plus \$19.00 for staff time to locate and copy your protected health information. Postage will be included if you wish to have your information mailed. If you request a different format, the practitioner will charge a cost based fee for that format. An explanation of fees can be made available.

Disclosure Accounting: Your rights include the choice to receive a review of every time the practitioner disclosed your protected health information for reasons other than treatment, payment, healthcare information and certain other activities for the last six years. Additional reasonable cost based fees may be extended if your requests for such information are more than one time per year.



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Restrictions: You may request the practitioner apply additional restrictions to any disclosure of your healthcare information. The practitioner is not required to respond to the application of these additional restrictions. If the practitioner agrees to follow your request regarding additional restrictions, the practitioner will follow the agreed restrictions unless an emergency situation dictates otherwise.

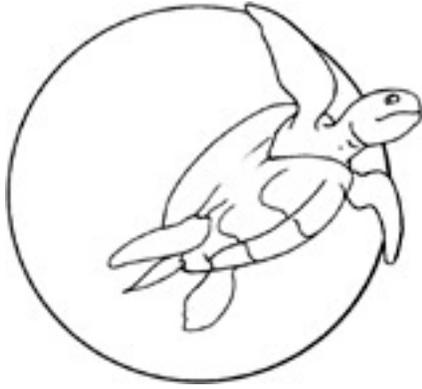
Alternative Communication: Your rights include the instruction to request how you are communicated to regarding your protected health information. Your request must be in writing and can spell out other ways or other locations regarding your protected health information communication. You must identify agreed upon explanations of payment arrangements under alternative communications.

Amendment: You can initiate a written request to amend your protected health information. Included in the amendment must be an explanation why information should be amended. Certain conditions may exist where the practitioner may reject your request.

Electronic Notice: If you receive a notice electronically, you are entitled to receive the notice in writing as well.

Questions and Complaints: If at any time you are unsure or concerned that your protected health information has not been protected, or if you believe an error has been made in the decision the practitioner made about accessing your protected health information; or in the response to a request you made to amend the use or disclosure of your protected health information; or to have the practitioner communicate to you by an alternative means or at an alternative location, you have the right to bring this issue forward. You may make a complaint to the U.S. Department of Health and Human Services. The practitioner will provide you with the address to file your complaint with the U.S. Department of Health and Human Services at your request.

Privacy of your protected health information remains extremely important; the practitioner is committed to ensure your privacy. If you file a concern with the U.S. Department of Health and Human Resources, the practitioner will not retaliate in any way. The practitioner is available to assist you with any questions, concerns, or complaints.



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This notice becomes effective as of September 1, 2010