

# HIPPA Notice of Privacy Practice

The attached Notice describes how health information about you may be used, and your rights, regarding the use of that information. **Please review this notice carefully.**

**YX Medical Group, Inc (DBA AC Health Center) (“we”, “our” or “us”) Pledge:** Staff and Employees of our clinic and it’s affiliates and contract providers understand that information about you and your health is personal. We are committed to protecting your health information.

**Who will follow the rules in this notice:** All our staff will follow these rules. You have the right to:

- Ask to see, read, and or/obtain a copy of your health record (charges may be necessary)
- Ask to correct information that you believe is wrong in your health record.
- Ask that your health information not be shared with certain individuals.
- Ask that your health information not be used for certain purposes: for example, research
- Ask that our clinic send copies of your health records to whomever you wish (charges may be necessary).
- Be informed about who has read your record
- Specify where and how our employees may contact you.
- Receive a paper copy of the full Notice of Privacy Practices.

## **Who is authorized to see confidential Patient Health Information (PHI) at our clinic?**

The Acupuncturist may access the entire medical record. The “Notice of Privacy Practices” describes the ways in which we may use patient health information without obtaining patient’s specific authorization. Certain uses such as for Treatment, Payment and health care Operations are permitted:

1. Treatment of patient, including appointment reminders
2. Payments of health care bills (insurance claim submissions, authorizations and payment posting)
3. Healthcare operations and business operations, including, teaching and medical staff quality activities, health care communications between patient and their health care practitioner.

## **Written Authorization**

To use or disclose patient health information for almost any other reason, you will need to sign a written authorization prior to access or disclosure. Refer to the “Summary of the HIPAA Privacy Rule” for a list of covered exceptions to the authorization required related to public policy, certain health disease reporting requirements and law enforcement activities. (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf>.) If you do not know or understand what you can do with Patient Health Information, please read the “Notice of Privacy Practices” (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>.)

## **Exceptions to the Rules**

Under HIPPA, there are certain exceptions to these general rules. These exceptions are described in the “Summary of the HIPAA Privacy Rule”. Disclosures can be made without patient authorization: subject to profession judgment, for public health and safety purposes, for government functions, law enforcement and based on judicial request or subpoena.

If you have concerns about how your health information might be (or has been) shared, please speak with our staff. If you believe your privacy rights have NOT been maintained you may file a complaint with the Secretary, the address is US Dept. of Health and Human Services, Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm 322, San Francisco, CA 94103. You will not be penalized in any way for filing a complaint.

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