

Notice of Privacy Practices  
Darcy Forrest, LAc. LLC

To My Patients: This notice describes how health information about you, as a patient of Darcy Forrest, L.Ac., Dipl. OM, may be used and disclosed, and how you can get access to your health information.

This notice is required by the privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Updated June 2012.

Our commitment to your privacy: Darcy Forrest, L.Ac. Dipl. OM. Is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you the following information. Use and disclosure of your health information certain special circumstances.

We will not disclose your health information without your authorization except in the following cases:

1. We will use and disclose your health information while providing, coordination, or managing your healthcare needs. An example of this would be an exam by an Acupuncturist or related services by other healthcare professionals.
2. We will use and disclose your medical information for your reimbursement from your health plan.
3. We will use and disclose your medical information for the administrative aspects of your healthcare inside our practice, to manage our business more efficiently. An example would be an internal quality assessment.
4. In some cases, we may need to disclose your health information to our business associates so they can perform the job we have asked them to do.
5. We may disclose to a family member, personal friend, or any other person you identify, health information relevant to your case.
6. To public health authorities and health oversight agencies which are authorized by law to collect information.
7. Lawsuits and similar proceedings in response to a court or administrative order.
8. If required to do so by law-enforcement official.
9. When necessary to reduce or prevent a serious threat to your health and safety or to the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
10. If you are a member of US or foreign military forces and if required by the appropriate authorities.
11. To federal officials for intelligence and national security activities authorized by law.
12. To correctional institutions or law enforcement officials, if you are an inmate or under the custody of a law-enforcement official.
13. For Workers' Compensation and similar programs.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

1. You can request that our practice communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, personal friends, or any other person identified you. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, you must submit your request in writing to Darcy Forrest, L.Ac. M.Ac.O.M
4. You may ask to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by our practice. You must provide us with a reason that supports your request for amendment.
5. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of the Notice at any time, by contacting any clinic staff member at the office.
  
6. If you believe your privacy rights have been violated, you may file a complaint with Darcy Forrest, L.Ac., Dipl. OM, Or the Secretary of the Department of Health and Human Services. If you have any questions regarding this notice of our HIPPA policies, please contact Darcy Forrest, L.Ac. Dipl. OM, Or the US Department of Health and Human Services via [www.hhs.gov/ocr](http://www.hhs.gov/ocr), email at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) and at their mailing address, 200 Independence Avenue, SE> Washington DC 20201