



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.

Zoe Lotus Healing Arts maintains the privacy and confidentiality of your protected health information. We take significant actions to maintain the security and integrity of your health information. Zoe Lotus Healing Arts is not a covered entity under the Health Insurance Portability and Protection Act (HIPPA). However, we maintain privacy standards consistent with the spirit of HIPPA. Disclosure of Your Health Care Information may occur in the following circumstances.

Treatment

We may disclose your health care information to other healthcare and business professionals within our practice or affiliated healthcare providers for the purpose of updating your other providers on the course of your treatment, payment or healthcare operations.

On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Zoe Lotus Healing Arts. It is our policy to ensure that the minimum necessary amount of personal health information is disclosed at these times.

Payment

Our privacy policy prohibits us from disclosing your health information directly to any health insurance companies.

Zoe Lotus Healing Arts does not submit claims to your health insurance company. As a courtesy to our patients, we provide you with an itemized billing statement that you may submit to your health insurance carrier for reimbursement of the cost of your visits. This statement contains medical information, including diagnosis, date of injury or condition or visit, and codes which describe the health care services received. This information is provided directly to you so that you may determine the appropriateness of providing your health insurance company with this information given your particular personal, financial and health circumstances. Any information contained in this statement may be added permanently to your health records with the insurance company.

Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to other healthcare providers, legal authorities or a family member or other person responsible for your care in the event you are at risk because of a medical emergency or in the event of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.



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206.601.7204 • www.zoelotus.org

Law Enforcement

We may disclose your health information to a law enforcement official for purposes of complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Research

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

Only as required by law we may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing

We may use information contained in your health records to contact you for marketing or outreach purposes, as described below:

As a courtesy to our patients, it is our policies to call your home or cell phone number you provided prior to your scheduled appointment to remind you of your appointment time. If you are not available at this number, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

We may use information contained in your health record to contact you by phone, email or mail to describe new products or services that we deem may be of benefit for you.

We will not sell or share your personal health information with third parties for any marketing purposes.

Change of Ownership

In the event that Zoe Lotus Healing Arts is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Zoe Lotus Healing Arts is not required to agree to the restriction that you requested.
- You have the right to inspect and copy your health information.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.



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Changes to this Notice of Privacy Practices

Zoe Lotus Healing Arts reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains.

Complaints

Complaints about your Privacy rights, or how Zoe Lotus Healing Arts has handled your health information should be directed to Beth Webber, LAc by calling this office at 206.601.7204

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights

200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of March 24, 2007.

The undersigned acknowledges understanding of and receipt of this Notice of Privacy Practices.

Print Name _____ Today's Date _____

Signed Name _____

Office Signature _____