



## **Cherry Blossom Healing Arts Complete Notice of Privacy Practices**

Please review the information below carefully.

### *Overview*

This Complete Notice of Privacy Practices (“Notice”) describes the privacy practices of Cherry Blossom Healing Arts LLC (“CBHA”). This Notice applies to all of the health information that identifies you and the care you receive at CBHA. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to give you this Notice and to follow the terms of the Notice currently in effect.

### *The Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

HIPAA is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form are kept confidential. This act provides the patient rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

### *Our Responsibility*

We respect our legal obligation to keep health information that identifies you private. As obligated by law, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use it and disclose your health care information. We do not use your health information inside our office or outside without your written permission. In some cases, the law requires us to disclose your health care information without either a written or verbal

consent.

### *Our Use of Your Protected Health Information & Disclosure With Consent*

We will ask you to sign a consent form allowing us to use and disclose your health information for purposes of treatment, payment, and health care operations at CBHA. Treatment can be stopped with refusal to sign the form.

We are permitted to use and disclose health information to a family member or other personal representative to the extent necessary for treatment or payment related to your healthcare. In addition, we may use your confidential information to remind you of appointments by leaving you messages at home or work. Any other uses and disclosures will be made only with your written authorization.

### *Use and Disclosure Without Consent*

In some situations, the law requires us to use and disclose your health information without your permission. The following categories describe different ways that we use and disclose your PHI. We have provided you with examples in certain categories; however, not every permissible use or disclosure will be listed in this Notice.

- when state or federal law mandates certain health information be reported for a specific purpose.
- for public health purposes, such as contagious disease reporting and notices to and from the FDA regarding drugs and medical devices.
- disclosure to government authorities about victims or suspected abuse, neglect, or domestic violence.
- uses and disclosures for health oversight activities, such as for the audits by Medicare, or for investigation of possible violations of health care laws.
- disclosures in response to subpoenas or orders of the court.
- disclosures for law enforcement purposes, such as to provide information about someone who is suspected to be a victim of a crime, or to provide information about a crime in our office.
- disclosure related to worker's compensation programs.

## *Your Rights Regarding Your Health Information*

You have the following rights with respect to your protected health information, which you can exercise by writing to our office:

- the right to request restrictions on certain uses and disclosures of protected health information, including those related to the disclosure of family members, other relatives, close personal friends, or any other person identified by you. *We are not, however, legally required to agree to the request restriction.* If we do agree the restriction, we must abide by it unless you agree in writing to remove it.
- the right to ask us to communicate with you in a confidential way, such as contacting you at work or via mail.
- the right to see or get copies of your health information. *You may have to pay an administrative fee to obtain your records.*
- the right to have your records released to a third-party of your choice (such as a law office). We may charge a fee to release your records to an third party other than a healthcare provider.
- the right to receive an accounting of disclosures of protected health information. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures about which you are requesting the accounting. Your request should indicate the form in which you want the list (for example, on paper or electronically).
- the right to request an amendment to your protected health information. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend and give the reason for your request. We may deny your request; if we do, we will tell you why and explain your options.
- the right to obtain a paper copy of this notice at your request.

To exercise any of these rights, please send your request to us at the following address:

Cherry Blossom Healing Arts  
2639 Connecticut Ave NW

Suite C-101  
Washington, DC 20008

Finally, you have the right to file a formal, written complaint with the Secretary of the US Department of Public Health and Human Services in the event you feel your privacy rights have been violated.

*Changes to the Notice*

CBHA may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. A copy of the current Notice is available in our office and on our website at <https://www.cherryblossomhealingarts.com/new-patients>. The effective date of the Notice is on the first page in the top right corner.