

Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how medical information about you (as a patient of this office) may be used and disclosed, and how you can get access to your individually identifiable information. **Please review it carefully.**

Our Responsibilities to your privacy

- Maintain the privacy of your protected health information.
- Provide you with this notice of privacy protection.
- Abide by the privacy policies and practices outlined in this notice.

Uses and Disclosures

- Your health information may be used by staff members, or disclosed to other healthcare professionals or hospitals if it is necessary to refer you for further diagnosis, assessment, or treatment.
- Your health records as well as your billing records may be disclosed to another party, such as an insurance carrier, a HMO, a PPO, insurance billing service, clearing house, or your employer, either electronically or on paper, if they are or may be responsible for the payment of your services.
- Your name, address, telephone number, email address, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you, or to contact you regarding your account. If you are not home to receive our call, a brief message may be left on your answering machine or with a member of your household. Please advise us in writing if you wish to be contacted by alternative means or at an alternative location.
- Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

Federal law permits or requires us to use or disclose your health information without your consent or authorization in the following circumstances:

- If we are providing care to you based on the orders of another health care provider
- If we provide health care services to you in an emergency
- If we are required by law to provide care to you and are unable to obtain your consent after attempting to do so
- If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care
- If we are ordered by the courts or another appropriate agency or by any law

Any use or disclosure of your protected health information, other than those listed above requires your specific written permission. If you change your mind after authorizing the use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

- The right to request restrictions on the use and disclosure of your protected health information for treatment, payment and operations purposes. Such requests are not automatic and require the agreement of this office.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and/or copy your protected health information for seven years from the date that the record was created or as long as the information remains in our files.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be changes in federal and state laws and regulations. Upon request, we will provide you with the most recent revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Request to inspect protected health information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that the request to inspect or copy protected health information be submitted in writing. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. State law allows us to charge for the copies.

Complaints or comments

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities, or if you would like more information about our privacy policies and practices, please contact:

Dr. Benson Lee, BBA, DC, DACBN, DABFM
Lee Alternative Health Clinic, PLLC
7401 W Hood Pl., Suite 118
Kennewick, WA 99336

We cannot ensure that any of the details of your care will be addressed and considered as confidential by other patients. This environment is used for ongoing care, taking patient histories, providing examinations, or presenting reports of findings. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you need more privacy, you can request special arrangement during your treatment or your histories or presenting reports of findings be completed in a more private and confidential setting.

This notice is effective as of September 1, 2021. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created.