



THE CENTER FOR DEPTH HEALING

Michael B. Ackerman
1202 Morena Blvd., Suite 200
San Diego, CA 92110

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CLIENT HEALING INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Michael B. Ackerman, DBA "The Center For Depth Healing" is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your health condition and the care and treatment you receive from this office. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI. The privacy of PHI in patient files will be protected when the files are taken to and from this office by placing the files in a box or brief case and kept within the custody of Michael Ackerman, D.C. or employee of this office authorized to remove the files from our office physical location.

NO CONSENT REQUIRED

This office may use and/or disclose your PHI for the purposes of:

- (a) Treatment - In order to provide you with the health care you require, the Center For Depth Healing will provide your PHI to those health care professionals directly involved in your care so that they may understand your health condition and needs.
- (b) Payment - In order to get paid for services provided to you, the Center For Depth Healing may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements.
- (c) Health Care Operations - In order for The Center For Depth Healing to operate in accordance with applicable law and for The Center For Depth Healing to continue to provide quality and efficient care, it may be necessary for this office to compile, use and/or disclose your PHI.

The Center For Depth Healing may use and/or disclose your PHI, without a written Consent from you, in the following additional instances:

- (a) De-identified Information - Information that does not identify you and, even without your name, cannot be used to identify you.
- (b) Business Associate - To a business associate if the office obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists this office in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.
- (c) Personal Representative - To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- (d) Emergency Situations -
 - (i) for the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your Consent as soon as possible; or
 - (ii) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.
- (e) Communication Barriers - If, due to substantial communication barriers or inability to communicate, this office has been unable to obtain your Consent and this office determines, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.
- (f) Public Health Activities - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease and that does not identify you and, even without your name, cannot be used to identify you.
- (g) Abuse, Neglect or Domestic Violence - To a government authority if The Center For Depth Healing is required by law to make such disclosure. If this office is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.
- (h) Health Oversight Activities - Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.
- (i) Judicial and Administrative Proceeding - For example, the office may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
- (j) Law Enforcement Purposes - In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, the office may disclose your PHI if the office believes that your death was the result of criminal conduct.
- (k) Coroner or Medical Examiner - The office may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.



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(l) Organ, Eye or Tissue Donation - If you are an organ donor, the office may disclose your PHI to the entity to whom you have agreed to donate your organs.

(m) Research - If this office is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI and that does not identify you and, even without your name, cannot be used to identify you.

(n) Avert a Threat to Health or Safety – This office may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(o) Workers' Compensation - If you are involved in a Workers' Compensation claim, this office may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

Appointment Reminders

- Your health care provider or a staff member may disclose your health information to contact you to provide appointment reminders. If you are not at home to receive an appointment reminder, a message will be left on your answering machine, voice mail, or with the person who answers the call.
- You have the right to refuse us authorization to contact you to provide appointment reminders. If you refuse us authorization, it may affect the treatment we are able to provide to you.

Family/Friends

The Center For Depth Healing may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care unless you direct this office to the contrary. This office may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

- (a) If you are present at or prior to the use or disclosure of your PHI, this office may use or disclose your PHI if you agree, or if we can reasonably infer from the circumstances, based on the exercise of its professional judgment that you do not object to the use or disclosure.
- (b) If you are not present, we will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization.

Your Right to Revoke Your Authorization

You may revoke your authorization to us at any time; however, your revocation must be in writing.

Restrictions

You may request restrictions on certain use and/or disclosure of your PHI as provided by law. However, we are not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to our office. In your written request, you must inform the office of what information you want to limit, whether you want to limit the office's use or disclosure, or both, and to whom you want the limits to apply. If we agree to your request, we will comply with your request unless the information is needed in order to provide you with emergency treatment

You Have a Right to

Inspect and obtain a copy your PHI as provided by 45 CFR 164.524. To inspect and copy your PHI, you are requested to submit a written request to our office. The office can charge you a fee for the cost of copying, mailing or other supplies associated with your request.

Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to our office. We will accommodate all reasonable requests.

Prohibit report of any test, examination, or care to your health plan, HSA, or anyone else for which you pay in cash or by credit card.

Receive an accounting of disclosures of your PHI as provided by 45 CFR 164.528. The request should indicate in what form you want the list (such as a paper or electronic copy)

Receive a paper copy of this Privacy Notice from us upon request.

Request copies of your PHI in electronic format if this office maintains your records in that format.



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You Have A Right to (cont.)

Amend your PHI as provided by 45 CFR 164.528. To request an amendment, you must submit a written request to our office. You must provide a reason that supports your request. We may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by us (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by our office, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with our denial, you will have the right to submit a written statement of disagreement.

Receive notice of any breach of confidentiality of your PHI by our office.

Complain to the Practice or to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, 202 619-0257, email: ocrmail@hhs.gov if you believe your privacy rights have been violated. To file a complaint with our office, all complaints must be in writing.

PRACTICE'S REQUIREMENTS

The Practice:

- Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing our office's legal duties and privacy practices with respect to your PHI.
- Is required to abide by the terms of this Privacy Notice.
- Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- Will distribute any revised Privacy Notice to you prior to implementation.
- Will not retaliate against you for filing a complaint.

Web & Marketing

Notice: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page on our website www.LJHealing.com that simply records the number of visitors and no other data. We do use any affiliate programs that to capture traffic data through our site. To avoid potential data capture do not click on any of our outside affiliate links.

We do reserve a limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of The Center for Depth Healing. We also reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Please sign below, and return to the office by fax or email, indicating you have received this notice:

Print Name _____ Signature _____ Date _____