



Notice of Privacy Practices and Patient Rights Under HIPAA

(as of September 1, 2005)

This notice describes how medical information about you may be used and shared and how you can get access to this information. Please review it carefully.

The Rothfeld Center for Integrative Medicine (TRC) is committed to protecting your medical information in our care. This notice tells you about the way we may use and disclose that information. It also describes your rights and our obligations when using and disclosing your medical information. Please feel free to seek answers from us to any questions you have concerning this notice.

TRC May Make the Following Uses and Disclosures of Your Medical Information Without Your Prior Authorization:

1. **Treatment.** Your “Protected Health Information” (hereinafter, “medical information”) is shared among health care professionals involved in your care to coordinate or manage treatment. An example of this would be another physician reviewing the treating physician’s record of a physical exam and patient history to confirm a diagnosis.
2. **Payment.** Your medical information may be shared with your medical insurer to obtain reimbursement, confirm coverage, conduct billing or perform collection activities, and conduct utilization reviews. An example of this would be sending a bill for your visit to your insurance company for payment that identifies the services provided and diagnosis made.
3. **Health Care Operations.** Your medical information may be used to assess and improve quality of care or re-allocate resources. Non-patient specific information is used wherever possible. An example of this is when TRC is determining whether it should offer a service in the office that it must otherwise refer to another physician or establishment.
4. **Lawsuits and Disputes.** TRC may disclose your medical information in response to a court order, subpoena, discovery request or other lawful process.
5. **As Required by Law.** Your medical information is disclosed when TRC is required to do so by federal, state or local law.
6. **Public Health Activities.** TRC may disclose your medical information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. An example of this is required reporting of vital events such as birth or death and the conduct of public health surveillance, investigations and intervention.
7. **Health Oversight Activities.** TRC may disclose your medical information to governmental, licensing, auditing, and accrediting organizations as required by law.
8. **Abuse, Neglect or Domestic Violence.** TRC may report your medical information to a government authority including a social service or protective services agency if TRC reasonably believes you are a victim of abuse, neglect, or domestic violence.
9. **Other Uses and Disclosures.** Any other sharing of your medical information will be made only with your written permission and you may take back your permission at any time so

long as you tell us in writing except if The Rothfeld Center for Integrative Medicine (TRC) has acted in reliance upon your permission, or if your permission was obtained so that the services provided would be covered by insurance.

10. **In Addition.** TRC may contact you to remind you about your appointment. TRC may leave you a voice mail or a message with a person stating the appointment time and date at home or at work unless you request otherwise. TRC will not identify the reason for your appointment or give any other information in the message.

Your Rights

1. You may ask us to limit certain uses and disclosures of your medical information, but TRC is not required to agree with the request.
2. You have the right to receive confidential communications of your information at alternative locations or by alternative means and TRC must accommodate reasonable requests.
3. You have the right to see and get a copy of your medical records within the regulatory limitations.
4. You have the right to amend your medical information.
5. You have the right to ask us for an accounting of disclosures of your information within the regulatory limitations.
6. You have the right to ask for a paper copy of this notice from TRC.

TRC's Duties

1. TRC is required by law to keep your medical information private and to give patients this Notice of its legal duties and privacy practices for medical information. TRC is required to abide by the terms of this Notice while it is in effect.
2. TRC reserves the right to change the terms of this Notice, and to make the new terms apply to all medical information that TRC maintains. When TRC revises this notice it will provide each patient with a copy of the Notice upon their next visit and post the notice and notification of its revision in the office.
3. Any patient believing that his or her privacy rights have been violated may file a written complaint with our office, or with the Secretary for the United States Department of Health and Human Services at e-mail address ocrprivacy@os.dhhs.gov or call 202-619-0257. Patients will not be retaliated against for filing a complaint.
4. For further information about TRC's privacy policy and this notice please contact the Practice Manager:

Telephone: (781) 641-1901 Fax: (781) 641-3963

Address: 180 Massachusetts Avenue, Suite 303, Arlington, MA 02474