Karla A. Barbieri, M. Ac., Lic. Ac.
Licensed Acupuncturist

c/o B In Touch Massage Therapy
1233 Highland Avenue, Needham, MA 02492
Cell: 617-480-2241

Notice of Privacy Rights and Practices

(Effective April 14, 2003)

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. PLEASE ASK TO HAVE THIS FORM TRANSLATED FOR YOU TO ENSURE YOU UNDERSTAND ITS CONTENTS.

As of April 14, 2003, we are required under the Health Insurance Portability and Accountability Act (HIPAA) and currently under Massachusetts law to maintain the privacy of your health information, and to provide you with this Notice of Privacy Rights and Practices.

This document explains in detail how we use your Protected Health Information (PHI) which is any information about you that could identify you, your past, present, or future physical or mental health condition(s). Your acknowledgment of receipt of this document will be required the first time you receive services after April 14, 2003.

Examples of how we can use and disclose your information without your authorization include:

Treatment	We keep a record of each visit. These records may include your test results, diagnoses, medications or other therapies. We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
Payment	We maintain a record of and may use and disclose information related to, services and supplies you receive at each visit so that we can be paid by you, an insurance company, or a third party. We may tell your health plan and other payers about an upcoming treatment or service, which requires their prior approval and authorization.
Health Care Operations	We use and disclose your medical information to improve the services we provide, for business management and for customer service purposes.

Your information may be shared amongst other health care providers, third party payers, and our Business Associates to facilitate treatment, payment or health care operations.

ADDITIONAL USES AND DISCLOSURES:

There are additional times when we are permitted or required to use and/or disclose medical information without your permission. These circumstances are listed below:

- In emergency treatment situations
- To assist incommunicative patients
- For organ donations
- For law enforcement

- If required by law
- For public health activities such as tracking diseases
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as fraud investigations
- To Workers' Compensation if you are injured at work
- For certain judicial or administrative proceedings
- To coroners, medical examiners and funeral directors
- For government functions such as national security and intelligence
- To a correctional institution if you are an inmate
- To avert serious threat to public health or safety

We may also use your information without your permission to:

- Recommend treatment alternatives
- Tell you about health benefits and/or services
- Send or call you with appointment reminders
- To communicate with those involved in your care

Except as otherwise permitted by law, all other uses and disclosures not described above will require your signed authorization. You may revoke any authorization you provide at any time by delivering a written statement directly to the Privacy Officer (listed below), except to the extent that we have already taken action in reliance on your authorization.

Please know that federal and state law requires special privacy protections for certain highly confidential information about you, including but not limited to:

- Psychotherapy notes
- Mental health and developmental disabilities services
- Alcohol and drug abuse prevention, treatment and referral
- HIV / AIDS testing, diagnosis or treatment
- Venereal disease(s)
- Genetic testing
- Child abuse and neglect
- Domestic abuse of an adult with a disability
- Sexual assault

In order for us to disclose your highly confidential information for a purpose other than those permitted by law, we must obtain your written authorization.

YOUR RIGHTS: Under HIPAA, you have the right to request in writing:

- Restrictions on how we use or disclose your medical information
- Access to your medical information to review and obtain a copy, subject to federal and state laws (fees may apply)
- Confidential communications to an alternate phone or address other than your home
- Access to your medical information to review and obtain a copy, subject to federal and state laws (fees may apply)
- An amendment to your medical information if you feel you or your health care provider needs to make additions or corrections
- An accounting of disclosures of your medical information for purposes other than treatment, payment, health care operations or made pursuant to an authorization

- A paper copy of this Notice even if you have received it electronically
- A revocation of any specific authorization obtained in connection with your privacy, such as for marketing and research

While we will consider all requests for privacy restrictions carefully, we are not required to agree to any requested restrictions.

OUR RESPONSIBILITIES: we are required by law to maintain the privacy of your medical information, to provide you with this written Notice of Privacy Rights and Practices, and to abide by the terms of the Notice currently in effect. We reserve the right to change this Notice and our privacy practices and make the new provisions effective for all information we maintain. Revised Notices will be posted in our offices, and will be available from your direct treatment provider.

QUESTIONS AND COMPLAINTS: If you want more information about our privacy practices or have questions or concerns, please contact us.

If your are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if your choose to file a complaint with the U.S. Department of Health and Human Services.

Contact Officer: Karla A. Barbieri
Telephone: 617-480-2241
E-Mail: kbarbieri@att.net
Address: c/o B In Touch Massage Therapy
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Notice of Privacy Rights and Practices
Patient Acknowledgment Form

We are required by a federal law known as "The Health Insurance Portability and Accountability Act" (HIPAA) as well as by Massachusetts law to maintain the privacy of your medical and health information also referred to as 'Protected Health Information' (PHI).

Our Notice of Privacy Rights and Practices describes how information about you may be used and disclosed and how you can obtain access to this information. Please review it very carefully. When we use or disclose your Protected Health Information, we are required to abide by the terms of the Notice (or any other Notice in effect at the time of the use or disclosure).

You have the right to request in writing that we restrict how your Protected Health Information is used or disclosed. We are not required to agree to this restriction, but if we do, you will receive written confirmation of our agreement to which we will be bound.

Your signature below constitutes your acknowledgment that you have received a copy of our notice of Privacy Rights and Practices, and your consent under Massachusetts law to the kinds of uses and disclosures of Protected Health Information mentioned in our Notice

Printed Name

Signature

Date