

**Zoë Brenner, L.Ac.**  
**Notice of Privacy Practices, Version 1.1**  
Effective March 1, 2003 (Version 1.0)  
Revised January 1, 2009 (Version 1.1)

**Please Note:** Please read this policy and sign the accompanying Informed Consent Form that you have read and agree to this policy.

**Purpose of This Notice**

This notice tells you about how your medical information is used and disclosed. It tells you about your rights and Zoë Brenner's responsibilities to protect the privacy of your medical information. It also tells you how to file a complaint with this office, or with the government if you believe that any of your rights or any of our responsibilities have been violated.

This office is required by law to maintain the privacy of your medical information. You must review a copy of this notice and you must provide your signature that you have received it. Zoë Brenner must follow the terms of this notice that are currently in effect. If the notice is changed in any way, a revised notice will be available upon request and at [www.zoebrenner.net](http://www.zoebrenner.net). These practices may change and those changes may apply to medical information, which is already a part of your medical record, as well as any new information.

**How Your Medical Information Is Used or Disclosed**

***For Treatment***

Your medical information may be used or disclosed to provide you with treatment and services. This information may be shared with others involved in your care such as doctors, nurses, other providers, or health care facilities. Your health information may also be disclosed to a member of your family or other person who is involved in your care. If there is a family member, other relative or close friend to whom you do not want Zoë Brenner to disclose your medical information, please notify Zoë Brenner in writing (see "Your Rights" section below).

Written files containing protected health information are secured in locked cabinets and/or locked rooms away from public access.

***For Payment***

Your medical information may be used or disclosed to bill and collect payment for the

services and products provided to you. For example, you or a third-party payer may be sent a bill that includes accompanying information about your diagnosis, treatment and the supplies used. A third-party payer may also be contacted to confirm your coverage or to request prior approval for a planned treatment or service.

### *For Health Care Operations*

Your medical information may also be used or disclosed for operational purposes. For example, your medical information may be used to evaluate Zoë Brenner's services and to improve the quality and effectiveness of her healthcare services. You may be contacted at any phone number or address you have provided to remind you of an appointment, to discuss healthcare matters, or to obtain payment for services. Phone or email messages may be left for you. If you want to be contacted in a certain way or at a certain location, see "Rights to Receive Confidential Communications" below in this notice.

**Publication:** The data incident to or obtained from your health record and treatments may be used for any medical, scientific or educational study, research, or published work. Confidentiality and anonymity will be preserved at all times.

### **Use or Disclosures That Are Required or Permitted by Law**

Your medical information may be used for any uses that are required or permitted by law, for example:

- **Public Health:** Your medical information may be disclosed to public health and/or legal authorities if it is necessary to prevent a threat to the health or safety of a person or the general public.
- **Food and Drug Administration:** Your medical information may be disclosed, as required by law, to report any adverse effects of food, supplements, products, and product defects controlled by the Food and Drug Administration.
- **Research:** I may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **Workers' Compensation:** Your protected health information may be disclosed by me as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Law Enforcement:** Your medical information will be disclosed as required by law; in response to a court order or other legal proceeding; to identify or locate a

suspect, fugitive, material witness or missing person; in reference to crimes that occur on our premises; in order to report a crime or emergency circumstances; when information is requested about an actual or suspected crime including disclosures about victims of abuse, neglect or domestic violence.

- **National Security:** Under some circumstances, the military may require disclosure of healthcare information for armed forces personnel. For the purpose of national security activities, counter intelligence and lawful intelligence, authorized federal authorities may require disclosure of protected health care information. Protected healthcare information disclosure may be made to correctional facilities or law enforcement authorities with lawful authority requiring custody of such information.
- **Health Oversight:** Your medical information may be disclosed, as required by law, to a health oversight agency.

### Minors

Parental or Guardian authorization often takes precedence over the HIPAA requirements. I will use common sense to make decisions to release protected health information to parents or guardians of minors.

### Use or Disclosures That Require Your Authorization

Other uses and disclosures will be made only with your written authorization. You may cancel authorization at any time by notifying Zoë Brenner in writing. If you cancel an authorization, it will not have an effect on information that has already been disclosed.

An example of uses or disclosures that would require your written authorization is:

- A request to provide your medical information to an attorney for use in a civil lawsuit.

### Your Rights

Your health or medical record is the physical property belonging to this office. The information in it belongs to you. You have the following rights:

**Right to Request Restrictions:** You have the right to request that your medical information not be used or disclosed for a particular reason related to treatment, payment or our operations. You may ask that family members or other individuals not be informed of specific medical information. Requests must be made in writing. Zoë Brenner may not agree to your request. If I agree to your request, I must keep the agreement, except in the case of a medical emergency. You can stop the restriction at any time through another written request.

**Right to Receive Confidential Communications:** You have the right to ask that I

communicate with you in a certain way or at a certain place. If you want to request confidential communications, the request must be made in writing. Zoë Brenner must agree to your request, if it is reasonable.

**Right to Inspect and Copy Your Medical Information:** You have the right to ask to inspect and obtain a copy of your medical information. You must submit your request in writing. Zoë Brenner will charge a \$25.00 fee for the costs of copying, summarizing, and mailing it to you. I may deny this request under certain limited circumstances, such as information pertaining to criminal, civil, or administrative actions and information created by someone other than the provider. If your request is denied, I will inform you in writing and you may request a review of the denial.

**Right to Request Amendments to Your Medical Information:** You have the right to request that I correct your medical information. If you believe that any medical information in your record is incorrect or that important information is missing, you must submit your request in writing. I may deny your request if we determine that the information:

- Was not created by me
- Is not part of the medical information that I maintain
- Is in records that you are not allowed to inspect and copy
- Is already accurate and complete

**Right to An Accounting Of Disclosure of Health Information:** You have the right to find out what disclosures of your medical information have been made. This list of disclosures is called an accounting. The accounting may be for up to six years prior to the date on which you request the accounting, but cannot include disclosures made before March 1, 2003.

I am not required to include disclosures for treatment, payment or healthcare operations or certain other exceptions. Request for an accounting of disclosure must be submitted in writing. You are entitled to one free accounting in any twelve-month period. We may charge you for the cost of providing additional accountings.

**Right to Obtain a Copy of the Notice:** You have the right to ask for and get a paper copy of this notice and any revisions we make to the notice at any time. Revised notices are also available online at [www.zoebrenner.net](http://www.zoebrenner.net) and are posted at my office.

## Complaints

You have the right to complain to this office and to the U.S. Secretary of Health and Human Services if you believe your privacy rights have been violated. There is no risk involved if you file a complaint. To file a complaint, contact me in writing by mail:

Zoë Brenner, L.Ac.  
11106 Mitscher St.  
Kensington, MD 20895

To file a complaint with the government, there is a 180-day time frame for filing complaints. Send your complaint in writing by mail to:

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave., SW  
Room 509F, HHH Building  
Washington, DC 20201  
Attn: U.S. Secretary of Health and Human Services