



## **CHERRY BLOSSOM HEALING ARTS LLC COMPLETE NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### *OVERVIEW*

This Complete Notice of Privacy Practices (“Notice”) describes the privacy practices of Cherry Blossom Healing Arts LLC (“CBHA”). This Notice applies to all of the health information that identifies you and the care you receive at CBHA. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to give you this Notice and to follow the terms of the Notice currently in effect.

### *The Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

HIPAA is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form to be kept confidential. This act provides the patient rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

### *OUR LEGAL RESPONSIBILITY*

We are required by applicable federal and state law to maintain the

privacy of your health information. We are also required to provide you with this Notice while it is in effect. This notice takes effect 1 January 2018 and will remain in effect until we replace it.

We may change our privacy practices, and/or this Notice, from time to time. If we make any material revisions to this Notice, we will provide you with a copy of the revised Notice which will specify the date on which the revised Notice becomes effective. The revised Notice will apply to all of your health information from and after the revised date. A copy of this Notice will be available on our website:

<https://www.cherryblossomhealingarts.com/notice-of-privacy-practices.pdf>

f. If you have questions about this Notice, please contact us using the information listed at the end of this Notice.

## **USES AND DISCLOSURES OF HEALTH INFORMATION WITHOUT WRITTEN AUTHORIZATION**

### ***Uses and Disclosures for Treatment, Payment, and Operations***

We must disclose your PHI to you. We also use your health information and share it with others, in electronic or other formats, to help treat your condition, coordinate payment for treatment, and run our business operations. The following are examples of situations where we do not need your written authorization to use your health information or share it with others:

- **Treatment:** We may use your health information to provide treatment to you. We may disclose your health information to practitioners within our practice for treatment purposes.
- **Payment:** We may use and disclose your health information to third party payors to obtain payment for services we provide to you.
- **Operations:** We may use your health information in connection with our health care operations, including quality assessment and improvement activities, review of the competence of our practitioners, evaluation of our practitioners, training programs, or other operational needs.

### **Disclosures to Your Family or Friends Involved in Your Care:**

Unless you object, we may disclose your health information to a family member, friend, or other person, in each case such person(s) must be

identified by you as being involved in your treatment or payment for your health care. If you are incapacitated or otherwise unable to consent, we will exercise our professional judgement to determine whether the disclosure is in your best interest, and will limit such disclosures to information necessary to help with your treatment or with payment for your health care. Consistent with your prior authorization, we may also notify a family member, personal representative, or another person responsible for your care about your location or general condition. We will also use professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up herbal prescriptions or referral letters on your behalf.

**Business Associates:** We may disclose your health information to a “business associate” that needs the information in order to perform a function or service for our business operations. We will do so only if the business associate signs a HIPAA compliant agreement to protect the privacy of your health information. For example, your health information is stored on a server operated by an EHR company who is a CBHA business associate.

**Appointment Reminders, Treatment Alternatives and Health-Related Benefits and Services:** We may use and disclose your health information to provide you with appointment reminders (such as phone calls/voicemails, letters, emails, SMS texts, or similar mobile device communications).

### ***Uses and Disclosures for the Public Need***

We may use your health information and share it with others in order to comply with the law or meet important public needs described below.

- **Required by Law:** We may use or disclose your health information when we are required by law to do so.
- **Public Health Activities:** We may disclose your health information to authorized public health officials so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability.

- **Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.
- **Lawsuits and Disputes:** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your health information in response to a subpoena, discovery request, or other lawful request by a party involved in the dispute, but only if efforts have been made to tell you about the request.
- **Law Enforcement:** We may disclose your health information to law enforcement officials for certain reasons, including to comply with a court order or laws that we are required to follow, and to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person.
- **To Avert a Serious and Imminent Threat to Health or Safety:** We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. If we do, we will only share your information with someone able to help prevent the threat.
- **Workers' Compensation:** We may disclose your health information to the extent necessary to comply with workers' compensation or other programs established by law that provide for work-related injuries or illness without regard to fraud.
- **Coroners, Medical Examiners, and Funeral Directors:** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death.

### ***Completely De-Identified Health Information***

We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is “completely de-identified.”

### **REQUIREMENT FOR WRITTEN AUTHORIZATION**

We cannot use or disclose your health information for any reason except

those described in this Notice unless you give us written authorization to do so. For example, we require your written authorization for uses and disclosures of health information for marketing purposes.

## **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

**Access:** You have the right to inspect or obtain copies of your health information. If we maintain your health information in electronic format, you have the right to obtain a copy of your health information in the form and format you request if the information is readily producible in that format, or, if not, a mutually agreeable format. You also have the right to direct us to send a copy of your health information to a third party you clearly designate. We may charge you a reasonable, cost-based fee to cover copy costs and postage. If you request a copy of your electronic health information, we will not charge you any more than our labor costs in preparing these materials. You must make a request in writing to obtain access to your health information. We will ordinarily respond to your request within two (2) business days. If we need additional time to respond, we will let you know as soon as possible. If you are denied access to your health information, you are entitled to a review by a health care professional, designated by us, who was not involved in the decision to deny access. If access is ultimately denied, you will be entitled to a written explanation of the reasons for the denial.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information over the last 6 years or such shorter time as you may specify. That accounting will exclude certain disclosures, in accordance with federal law, including disclosures made for the purposes of treatment, payment, or health care operations. We will ordinarily respond to your request within five (5) business days. If we need additional time to respond, we will let you know as soon as possible. You will receive one disclosure accounting free of charge, but we may charge you a reasonable cost-based fee for additional accountings within the same twelve-month period.

**Restrictions:** You have the right to request that we place additional

restrictions on our use or disclosure of your health information. You may request such restrictions through the contact information located at the end of this Notice.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You may obtain a form to request an amendment by using the contact information at the end of this Notice. Your request must specify how or where you wish to be contacted, and provide a satisfactory explanation regarding how payments will be handled if we communicate with you through the alternative means or location you request.

**Amendment of Health Information:** If you believe we have health information about you that is incorrect or incomplete, you may request in writing an amendment to your health information. Your request must explain why the information should be amended. We will ordinarily respond to your request within 15 days. If we need additional time to respond, we will let you know as soon as possible.

**Notification of Breach of Unsecured Health Information:** We are required by law to maintain the privacy of your health information, and to provide you with this Notice containing our legal duties and privacy practices with respect to your protected health information. Our policy is to encrypt our electronic files containing your health information so as to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unencrypted health information, we will notify you of the breach.

**Paper Notice:** You have the right at any time to obtain a paper copy of this Notice, even if you receive this Notice electronically. You may make such a request by writing to the address provided at the end of this Notice.

#### **OTHER SPECIFIC STATE LAW REQUIREMENTS**

This Notice explains the rights you have with respect to your health information under federal law. Some states provide even greater rights,

including more favorable access and amendment rights, as well as protection for particularly sensitive information. To the extent state laws afford greater rights than described in this Notice, we will comply with these laws.

### **CONTACT INFORMATION**

If you have any questions about this Notice, you may contact our office at 202-681-1588, or write us at:

Cherry Blossom Healing Arts LLC  
2639 Connecticut Ave NW Suite C-101  
Washington, DC 20008

### **COMPLAINTS**

If you are concerned that we may have violated your privacy rights or have any other complaints, you may complain to us using the contact information above. 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. If you choose to file a complaint, we will not retaliate or take action against you for your complaint.

### **CHANGES TO THE NOTICE**

CBHA may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. A copy of the current Notice is available in our office and on our website at <https://www.cherryblossomhealingarts.com/notice-of-privacy-practices.pdf>. The effective date of the Notice is on the first page in the top right corner.