

Notice of Privacy Practices (HIPAA Notice):

Ananda Chiropractic and Acupuncture LLC is dedicated to ensuring the privacy of your protected health information (PHI) and is required by law to protect your medical information and to provide you with this notice of privacy practices informing you of your rights and our obligations concerning your PHI.

We may disclose medical information about you in certain circumstances. These include:

- Treatment: To coordinate health services and treatment.
- Payment: To bill and obtain payment for treatment and services received.
- Healthcare Operations: To improve quality of care and reduce healthcare costs.
- To Persons Involved in Your Care or Payment: Close friend or relative identified by you that is involved in your care. In the case of a minor, this person will be the legal guardian.
- As Required by Law: To comply with all applicable laws.
- As Part of National Priority Uses and Disclosures: As determined by the government.
 - Threat to Public Health or Safety
 - Public Health Activities
 - Abuse, Neglect or Domestic Violence
 - Health Oversight Activities
 - Court Proceedings
 - Law Enforcement
 - Coroners and Organ Donation
 - Workers' Compensation
 - Certain Government Functions
- As Authorized: Outside of the above, we will not release medical information about you without you or your personal representative's signed authorization or permission. In most instances, you may later revoke your authorization in writing. Your revocation will apply except to the extent that we have already relied upon your authorization and taken some action.

You have rights with respect to medical information about you.

- Rights to Request a Copy of this Notice: You may request a paper copy of this notice.
- Right of Access to Inspect and Copy your Records: If you would like a copy of your medical records, you will be charged a fee to cover the costs of the copy.
- Right to have Medical Information Amended: If you believe medical information about you is inaccurate, you have the right to request an amendment. We may deny your request in certain circumstances, in which case an explanation will be provided to you in writing.
- Right to Request Restrictions on Uses and Disclosures: You have the right to request we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations.
- Right to Request Accounting of Disclosures: You may request an accounting of where your records have been sent.
- Right to Request Confidential Communications: You have the right to request a confidential method of communication.

Changes to this Notice

We reserve the right to change this notice and the privacy practices described at any time in accordance with applicable law. A revised notice will be available upon request. We are required to notify you in writing of any breach of your secured PHI as soon as possible but no later than 60 days after discovery.

If you believe your rights have been violated, you can file a written complaint with the company or with the US Department of Health and Human Services in Washington D.C.

