



## East-West Healing Arts

**Notice Of Privacy Practice** *This notice, and the accompanying Practices Regarding Disclosure of Client Health Information, describe how health information about you may be used and disclosed and how you can get access to your health information. The Notices are posted and copies are given to all individuals receiving care. Please review this information carefully.*

### Understanding your health record

A record is made each time you come for a treatment or consultation. Your symptoms, the practitioner's judgments, and a plan of services are recorded. This record forms the basis for planning your care and treatment/consultation at future visits, and also serves as a means of communication among other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will assist you to ensure it is accurate and make informed decisions about who, what, when, where and why others may be allowed access to your health information.

### Understanding your health information rights

Your health record is the physical property of this practice, but the content is about you, and therefore belongs to you. You have the right to request restrictions, to authorize disclosure of the record to others and be given an account of those disclosures. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information. Should we need to contact you, you have the right to request communication by alternate means or to alternate locations.

### Our responsibilities

We are required to maintain the privacy of your health information and to provide you with this notice of our privacy practices. We're required to follow the terms of this notice and to notify you if we are unable to grant your request to disclose or restrict disclosure of your health information to others. We reserve the right to change our practices and promise to make a good faith effort to notify you of any changes. Other than for the reasons described in the notice, we agree not to use or disclose your health information without your consent.

### To report a problem

If you believe your privacy rights have been violated, you have the right to file a complaint with us and/or with the U.S. secretary of Health and Human Services with no fear of retaliation by this office.

#### **Office for Civil Rights**

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W. Room 509F, HHH Building  
Washington, D.C. 20201  
OCR Hotlines-Voice: 1-800-368-1019

1321 Generals Highway, Suite 203 Crownsville, MD 21032

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