

Grand Acupuncture and Herbs, LLC

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HIPPA NOTICE OF PRIVACY PRACTICE

HIPAA guidelines, all clinics are required to provide patients with their privacy practices. This describes how your health information may be used and disclosed and how you can access to this information.

USES AND DISCLOSURES OF HEALTH INFORMATION

We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. We may also use and disclose medical information to remind you of an appointment, if applicable. We can share your information about you in response to a court or administrative order, or in response to a subpoena.

USES AND DISCLOSURES BASED ON YOUR AUTHORIZATION

We will not use your health information without your written authorization in any case other than ones stated in "USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION" section below.

USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION

In some limited circumstances, we may disclose your health information without your written authorization.

1)To family members or close friends who are involved in your health care. 2)When a state or federal law mandates that certain health information be reported for a specific purpose. 3)For purposed of public health and safety. 4)To government agencies for purposes of their audits, investigations and other oversight activities. 5)To government authorities to prevent child abuse or domestic violence. 6)To the FDA to report product defects or incidents. 7)To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders. 8)When required by court orders, search, warrants, subpoenas and as otherwise required by law.

OUR RESPONSIBILITIES

We are required to keep your protected health information private, give you this Notice, and follow the terms of this Notice.

PATIENT RIGHTS

As our patient, you have the following rights.

1)To have access to and/or a copy of your health information. 2)To receive an accounting of certain disclosures we have made of your health information. 3)To request restrictions as to how your health information is used or disclosed. 4)To request we communicate with you in confidence. 5)To request that we amend your health information. 6)To receive notice of our privacy practices. 6) To choose someone to act for you if you have given someone medical power of attorney or you have a legal guardian who can exercise your rights and make choices about your health information. 7) To file a complaint if you feel your rights are violated. Please note that we will not retaliate in any way if you choose to file a complaint with us or with the state of New Jersey.

If you have any question, want more information, or want to report a problem about our privacy practices, please ask us to speak with our HIPAA Officer/Office manager in person or by phone at our main phone number.