

Brett VanCott  
Licensed Acupuncturist

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**NOTICE OF PRIVACY PRACTICES**

**1. Introduction:**

This Notice of Privacy Practices describes how Brett VanCott may use and disclose your protected health information (PHI) to provide treatment to you; to seek payment for the medical services you receive; and to support the legitimate health care operations of our practice.

PHI includes your demographic information such as name, address, telephone number and family; past, present and future information about your physical or mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you.

This Notice describes uses and disclosures of PHI to which you have consented, that you may be asked to authorize in the future, and that are permitted or required by state or federal law. Also, it advises you of your rights to access and control your PHI.

We regard the safeguarding of your PHI as an important duty. The elements of this Notice, the consent you have signed and any authorizations you may sign are required by state and federal law for your protection and to ensure your informed consent to the use and disclosure of PHI necessary to support your relationship with Brett VanCott .

If you have any questions about Brett VanCott's Notice of Privacy Protection Practices, please contact our office at 207-621.0985.

**2. Safeguarding PHI within the Office:**

We are continuing to place the appropriate, administrative, technical and physical safeguards to protect the privacy of your PHI. We will regularly train our staff on the obligation to protect the privacy of your PHI. We hold medical records in a secure area within the office. Only staff members who have a "need to know" are permitted access to your medical records and other PHI. Our staff understands the legal and ethical obligation to protect your PHI and that a violation of this Notice of Privacy Practices will result in discipline in accordance with our personnel policy.

**3. Uses and Disclosures of PHI Based Upon Your Written Consent:**

You signed our "Consent to Use and Disclosure of Protected Health Information" either when you became a patient or at the time our office was required by law to enforce these privacy guidelines. Based upon this consent, our practice will use and disclose your PHI for the following types of activities:

- **Treatment.** Treatment means the provision, coordination or management of your health care and related services by Brett VanCott and other health care providers involved in your care.
- **Payment.** Payment means our activities to obtain reimbursement for the medical services provided to you including billing, claims management and collection activities.
- **Health Care Operations.** Health care operations means the legitimate business activities of our medical practice. The activities include, quality assessment and improvement activities, practitioner performance evaluation; fraud and abuse compliance; business planning and development; and business management and general administrative activities. For example, we may use a sign in sheet at the front desk; we may call you by name in the waiting room when we are ready to serve you; and we may leave a reminder of your appointment on your answering machine or voicemail. Also, we may send you a newsletter about our practice.
- **Family & Close Friends Involved in Your Care.** You have consented to disclosure of PHI that, in Brett VanCott's judgment, is in your best interest to disclose to your family members and close friends who are involved in your healthcare.

**4. Uses and Disclosures of PHI Based Upon Your Written Authorization:**

From time to time you may request that Brett VanCott disclose limited PHI to specified individuals or companies for a defined purpose and timeframe. You may authorize disclosures to individuals who are not involved in treatment, payment or health care operations such as attorneys if you are involved in litigation either on your own or another's behalf. If you wish us to make disclosures in these situations, we will ask you to sign our "Authorization to Use and Disclose Protected Health Information".

5. **Uses and Disclosures of PHI that are Permitted or Required by Law:**

In some circumstances we may use or disclose your PHI without your consent or authorization. State and Federal Privacy Law permit or require such use or disclosure regardless of your consent or authorization because it is in the best interest of our society at large that the use or disclosure of PHI be made in these situations.

- Emergencies
- Communication barriers
- Required by law
- Public health activities
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement activities
- Coroners, medical examiners and funeral director
- Research
- Serious threats to health or safety
- Armed forces personnel and national security
- Workers' Compensation
- You and DHHS

6. **Your Rights Regarding PHI:**

• **Right to request restriction of uses and disclosures.** You have the right to request that we do not use or disclose any part of your PHI unless it is a use or disclosure required by law. We are not required to agree to your request but if we do agree, we will not use or disclose the restricted PHI unless it is necessary for emergency treatment. We would then ask the recipient not to further use or disclose the restricted PHI.

• **Right of access to PHI.** You have the right to inspect and obtain a copy of your PHI in a "designated record set" (your medical and billing records) as long as we maintain the PHI in such format. Your right of access may be limited if providing certain PHI to you may endanger the health or safety of yourself or others. To request access to your PHI, please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible but no later than 30 days from the date we receive your request. We have the right to charge a reasonable fee for providing copies of your PHI.

• **Right to confidential communications.** You have the right to reasonable accommodation of a request to receive communication of PHI by alternative means or at alternative locations. Please make your request in writing to our Privacy Contact. We will not require an explanation of your reasons for the request but we will ask that you specify the alternative address or other method of contact and that you inform us of how payment for our service will be handled.

• **Right to amend PHI.** You have the right to request that we amend the PHI in your designated record set for as long as we maintain the PHI in such format. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible but not later than 60 days from the date we receive your request. If we deny your requested amendment, you have the right to submit a written statement of reasonable length disagreeing with the denial and we have the right to submit a rebuttal statement. A record of any disagreement about an amendment will become part of the medical records and may be included in subsequent disclosures of your PHI.

• **Right of accounting of disclosures.** Subject to certain limitations, you have the right to a written accounting of disclosures by us of your PHI for not more than 6 years prior to the date of your request. Your right to an accounting applies to disclosures other than those for treatment, payment or health care operations; to yourself; to your family or close friends involved in your care or for notification purposes. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible but no later than 60 days from the date we receive your request. You are entitled to one accounting every 12 months free of charge. We will charge a reasonable fee based upon our costs for any subsequent accounting requests.

• **Right to a Copy of our Notice of Privacy Practices.** We will ask that you sign written acknowledgment of receipt of our Notice of Privacy Practices.

7. **Complaint Procedure:**

• **Within the practice.** If you have a complaint about the denial of any specific rights listed in Section 6 above, about our Notice of Privacy Practices, or about our compliance with state or federal privacy laws, please make your complaint in writing to our Privacy Contact. We will respond to your complaint in writing within the timeframes listed in Section 6 above or in any case within 60 days of the date we receive your complaint.

• **Outside the practice.** If you believe that we are not complying with our legal obligations to protect the privacy of your PHI, you may file a complaint with the Secretary of the US Department of Health and Human Services. You must make your complaint to the Secretary in writing within 180 days of the act or omission forming the basis of your complaint.

**CONSENT TO USE AND DISCLOSURE OF  
PROTECTED HEALTH INFORMATION (PHI)**

I consent to Brett VanCott's use and disclosure of my protected health information in support of my diagnosis and treatment, payment for the medical services I receive, and the legitimate health care operations of the medical practice.

I consent to Brett VanCott's disclosure of PHI to other health care practitioners that are involved in my care and to my family and close friends who are providing me with support. Also, I consent to Brett VanCott's disclosure of PHI to my health insurance carrier, utilization review organization, or third-party administrator to support payment for my services.

I understand that Brett VanCott's agreement to provide medical services to me is conditioned upon my signing of this consent and that Brett VanCott requests my consent to ensure that Brett VanCott can properly carry out the professional responsibility of caring for me.

I understand that Brett VanCott will disclose only the minimum amount of my health care information which is necessary for the legitimate needs of the recipient or for my general well being.

My PHI which is the subject of this consent includes demographic information; information about my condition; information about the services provided to me including payment information, if any of that information may be used to identify me.

I understand that I have a right to restrict Brett VanCott's use and disclosure of my PHI and that Brett VanCott is not obligated to agree to the requested restriction, but that an agreement to the restriction binds Brett VanCott. I may revoke this consent at any time by providing Brett VanCott with a written, signed and dated request except to the extent that Brett VanCott has acted in reliance upon my consent. However, I understand that any restriction on the use and disclosure of PHI or revocation of this consent may result in improper treatment, diagnosis, denial of insurance benefits or claim coverage or other adverse consequences.

**ACKNOWLEDGEMENT OF RECEIPT OF  
PRIVACY PRACTICES AND CONSENT TO USE & DISCLOSE (PHI)**

When you have a full understanding, please sign and date below and give this form to the Front Desk Associate so that we know you have received our all of our office practices.

I acknowledge receipt of the Privacy Practices, and Consent to use & Disclose (PHI) forms prepared by Brett VanCott. Also, I acknowledge that I have had an opportunity to ask questions about the practices of this facility. I understand that I may revoke this consent at any time by providing Brett VanCott with a written, signed and dated request.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Parent/Guardian Signature for Minor