



Cheryl Feng ND

## Notice of Health Information Privacy Practice



Effective Date: January 1, 2010

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **What Is This Notice and Why Is It Important?**

This notice is required by law to inform you about your rights regarding your health information, how Cheryl Feng ND may use or disclose your health information, and how your health information will be protected. If you have any questions about this notice, please contact Cheryl Feng ND at (480) 9436.

### **Understanding Your Health Information**

Each time you visit a physician, other health care provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and session transcripts/videos, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documentation of the care you receive
- Means by which you or a third-party payer (*e.g.*, health insurance company) can verify that services you received were appropriately billed
- Tool for educating health professionals
- Tool with which Dr. Feng can assess and work to improve the care she provides

Understanding what is in your record and how your health information is used helps you ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

### **Your Health Information Rights**

You have the following rights related to your medical and billing records kept by Cheryl Feng ND:

***Obtain a copy of this notice.*** You will receive a copy of this notice by mail, electronically or at your first visit after its publication. Thereafter, you may view a copy of this notice and any revisions on Dr. Feng's website, [www.cherylfengnd.com](http://www.cherylfengnd.com), or request a copy by calling (480) 753-9436.



**Authorize use of your health information.** Before Dr. Feng use or disclose your health information, other than as described below, Dr. Feng will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

**Access your health information.** You may request a copy of the health information that Cheryl Feng ND keeps in your medical or billing record. Your request must be submitted in writing. Dr. Feng may charge for the costs of copying your record.

**Amend your health information.** If you believe the information Dr. Feng has about you is incorrect or incomplete, you may request that she correct or add information. Your request must be in writing and must include the reason for the request.

**Request confidential communications.** You may request that when Dr. Feng communicates with you about your health information, that she does so in a specific way (*e.g.*, at a certain address or phone number). Dr. Feng will make every reasonable effort to act in accordance with your request.

**Limit our use or disclosure of your health information.** You may request in writing that Dr. Feng restricts the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when Dr. Feng is required by law, or in an emergency situation in order to treat you. Dr. Feng will consider your request and respond, but she is not legally required to agree if she believes your request would interfere with her ability to treat you or collect payment for her services.

**Receive an accounting of disclosures.** You may request a list of disclosures of your health information that she has made for reasons other than treatment, payment or health care operations. Disclosures that Dr. Feng makes with your authorization will not be listed. Dr. Feng will provide one list per year free of charge upon request, but may charge for subsequent lists in the same year. (This is included for legal reasons. These type of disclosures are uncommon in Dr. Feng's practice.)

### **Our Responsibilities**

Dr. Cheryl Feng is required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of her workforce and business associates, provide this notice about her privacy practices, and abide by the terms of this notice.

She reserves the right to change her policies and procedures for protecting health information. When she make a significant change in how she uses or discloses your health information, she will also change this notice. The new notice will be posted in her clinical facilities and on [www.cherylfengnd.com](http://www.cherylfengnd.com).

Except for the purposes of your treatment, collecting payment for Dr. Feng's services, performing necessary business functions, or when otherwise permitted or required by law, Dr. Feng will not use or disclose your health information without your authorization. You have the right to revoke such authorization at any time, which would limit future disclosures. A revocation would not affect any disclosures she has already made with your permission.

### **Examples of Uses and Disclosures for Treatment, Payment and Health Care Operations**

**Dr. Feng will use your health information to facilitate routine health care operations.**

**For example:** Dr. Cheryl Feng will use information in your record to assess your progress and care. This information will be used in efforts to improve the quality and effectiveness of the health care and other services she provides.

**Dr. Feng may use your health information to help educate** medical staff, residents and students.

**For example:** Dr. Cheryl Feng associations with a variety of schools involved in the education of health professionals. All fellows, residents, interns and students must sign a confidentiality agreement before accessing any health information maintained by Cheryl Feng ND.

*Dr. Feng may use your health information to notify your family and friends about your condition but only when appropriate and with your consent.*

#### **Examples of Uses and Disclosures for Other Purposes**

**Appointment reminders:** Dr. Feng may contact you to provide reminders of upcoming appointments.

**Alternative treatments:** Dr. Feng may use your health information to provide you with information about alternative treatments such as nutritional supplements, acupuncture, massage therapy, etc.

**Marketing:** Dr. Feng may use your health information to inform you about our health care services, treatment alternatives or other health-related benefits and services that may be of interest to you. Dr. Feng may also inform you about commercial products or services when she thinks they would be of interest to you.

**Workers' compensation:** Dr. Feng may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Public health:** Dr. Feng may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Averting serious threats to health or safety:** Dr. Feng may use and disclose your health information when necessary to prevent a serious threat to your health or safety or to the health or safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

**Law enforcement:** Dr. Feng may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court or administrative order. **Food and Drug Administration (FDA):** Dr. Feng may disclose to the FDA your health information relating to adverse events with respect to food, medications, nutritional supplements, health care products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

**Business associates:** There may be some services provided through contracts with business associates. Examples include transcribing your medical record, and a copy service Dr. Feng may use when making copies of your health record. When these services are provided by contracted business associates, Dr. Feng may disclose the appropriate portions of your health information to them so they can perform the job she have asked them to do. To protect your health information, however, Dr. Feng requires all business associates to sign a confidentiality agreement verifying that they will appropriately safeguard your information.

#### **Special Situations**

**Military and veterans:** If you are a member of the armed forces, Dr. Feng may disclose your health information as required by military command authorities. Dr. Feng may also disclose health information about foreign military personnel to the appropriate foreign military authority. **National security and intelligence activities:** Dr. Feng may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others:** Dr. Feng may disclose your health information to authorized officials so they may provide protection to the President of the United States and other governmental leaders, or conduct special investigations.

**Regulatory oversight:** Dr. Feng may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. For More Information or to Report a Problem

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact her at (480) 753-9436.