Notice of Privacy Policies  
Jennifer Pollard, MD

Protecting your privacy and healthcare information in the course of our relationship is fundamental to us as our office is dedicated to providing health services that respect human dignity. This notice will remain in effect until it is replaced or amended by changes in the law.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) defines Protected Health Information as any information that is “created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse”; and "relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.”

We gather Protected Health Information in several ways:
- Information we receive from you.
- Information we receive from other healthcare providers.
- Information we receive from third party payers.

Be aware that during the course of our relationship with you we will likely use and disclose health information about you as related to treatment, payment, and healthcare operations (see examples below). We will only use and/or disclose your Protected Health Information when the law allows us to do so.

**Treatment:** If it is medically necessary to refer you to a specialist for additional care, the receiving practitioner might need certain medical information regarding your care from us in order to be able to treat you properly.

**Payment:** The medical insurers utilized by many of our patients require certain pieces of medical information to know how to pay us for your care.

**Health Care Operations:** We are allowed to disclose your medical information if that disclosure is necessary for our office to function efficiently. For example, we may need the help of a special vendor, such as a medical billing specialist, and we would then send your records along with others to that vendor in order for that medical office administrative task to occur.

Any other use or disclosure will be made only with your authorization, which would be honored, when legal to do so, from the date signed. You have the right to revoke that authorization. You may specifically authorize us to use Protected Health Information for any purpose or to disclose health information by submitting an authorization in writing. Such disclosures of your Protected Health Information can be made to any entity you choose.

This office has many practitioners and Oriental medicine students. We reserve the right to share your file within the confines of the professional and academic practices of the AOMA Graduate School of Integrative Medicine.

**Marketing**
This office will NOT use your health information for marketing communications without your specific written authorization. This office MAY send birthday cards, holiday cards, thank you cards, newsletters and appointment reminders by phone, postcard or letter.

**Disclosure**  
This office may use or disclose your protected health information when required by law. This might include but is not limited to public health needs, health oversight requirements, issues of abuse or neglect, and legal proceedings.

**Patient Rights**  
- **Upon written request you have the right to access, review or receive copies of your healthcare records.** Exceptions are: 1) psychotherapy notes; 2) information we gather in preparation of an administrative action or proceeding; 3) data that is subject to certain provisions of the Clinical Laboratory Improvements Act. We may deny your request (in writing) under certain limited circumstances. Generally, if we agree to provide you with a copy of your records, we will do so within 15 days after you request it. We will charge you a reasonable, cost-based fee for the records.  
- **Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.** We are required to give you that data except for any use or disclosure: 1) for treatment, payment and/or health care operations; 2) made with your authorization; 3) that we make to you; 4) for any national security or intelligence purposes; 5) made before April 14, 2003; or 6) that does not require your authorization. We will provide this data for you (generally within 60 days) at no charge once each year, but after that, we will require that you pay a reasonable fee-based charge for the information.  
- You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information. You may ask that we limit the use and disclosure of your protected health information; we are not required to accept your request. If we do agree, however, we will do as you wish except in an emergency. You may submit your request to us in writing and tell us: 1) what information you want us to limit 2) how you want us to limit that data and 3) to whom we are to limit the access to this data.  
- **You have the right to request that we amend your Protected Health Information; the request must be in writing.** We have the right to deny that request if you ask about medical information that 1) was not created by any of our practitioners; 2) is not part of the medical or billing records; 3) is not part of the records you may access or 4) is accurate and complete. We may ask that you tell us, in writing, why you want us to amend your medical information. Generally, we must act upon your request within 60 days after receipt of your request. If we agree to your request, we must make the appropriate amendment and follow the law regarding how and whom we inform about this amendment. If we do not agree, then we will tell you our reasons. You then have additional rights, including an appeal (by someone who did not participate in the decision not to allow you to amend your record) and you have the right to submit a written statement of disagreement.
- **You have a right to receive all notices in writing.**  
- **You have the right to receive confidential communication by alternative means or at alternative locations.** Please make this request in writing to our Privacy Officer. We will agree, so long as your request is reasonable, but you must tell us how to communicate with you and you must give us a complete address or contact information.

If you have questions, complaints or want more information contact:  
Privacy Officer  
Jennifer Pollard, MD  
512.454.1188  
4701 Westgate Blvd  
Austin, TX 78745
Send a written complaint to the U.S. Department of Health and Human Services

This notice is effective as of April 14, 2003. From time to time, we may revise our Notice. If we do, we will post the most current version in our office, and you make ask for a copy of the Notice at any time.