

## NOTICE OF PATIENT PRIVACY PRACTICES

This Notice describes how health information about you may be used and disclosed and how you can get access to this information.  
Please read it carefully.

**PRACTICE COVERED BY THIS NOTICE:** This Notice describes the privacy practices of Dr. Jennifer Haunani Chong Drake, DACM, L.Ac., (called "Haunani Drake" or "Provider"). "We" and "our" means the Clinical Practice. "You" and "your" means the patient.

**HOW TO CONTACT US/OUR PRIVACY OFFICIAL:** If you have any questions or would like further information about this Notice, you can contact our Privacy Official at:

Dr. J. Haunani Chong Drake, DACM  
100 Sherwood Dr  
Williamsburg, VA 23185  
USA telephone: (202) 375-9729  
[qiandprana@gmail.com](mailto:qiandprana@gmail.com)

We are required by law to provide you with this notice to explain our privacy practices with regard to your health information. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation, the Notice describes how we may use and disclose your protected health information (PHI) for treatment, payment, healthcare operations, and other purposes permitted or required by law. Your rights with respect to your PHI are also described in this notice.

**WHAT IS PROTECTED HEALTH INFORMATION (PHI)?** Protected health information is individually identifiable health information we obtain or generate in providing our services to you. Such information may include documenting your symptoms, examination results, test results, diagnoses, treatments, and applying for future care of treatment. It also includes billing documents for those services.

**EFFECTIVE DATE:** This Notice of Privacy Practices became effective on November 11, 2011 and was amended on September 11, 2023.

**RIGHT TO AMEND THIS NOTICE** We reserve the right to change the provisions of our Notice of Privacy Practices and make new provisions for the privacy of the PHI we maintain. If we make a change in our privacy practices, we will change this notice and make the new notice available upon request. The amended Notice will be posted promptly on our website: [www.QiandPrana.com](http://www.QiandPrana.com)

Dr. J. Haunani Chong Drake, DACM, L.Ac., values the privacy of its patients and the confidentiality of the personal and health information entrusted to us. In order to protect this privacy, we have policies and procedures to limit disclosures of Personal Health Information (PHI) to those minimally necessary for the medical care of the patient, those for which the patient has given permission, and/or those required by law or public safety, and in certain emergency situations.

### OUR RESPONSIBILITIES:

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternate locations

### POTENTIAL DISCLOSURES OF AN INDIVIDUAL'S INFORMATION INCLUDE:

**For purposes of treatment:** We will use your health care information to treat you. For example, we will use your information to help us diagnose and design a course of treatment for you. Your treatments may include acupuncture, asian body therapies, manual therapies, lifestyle recommendations, mindfulness practices, mindful movement practices, and herbs that are permitted in the Scope of Practice as a Doctor of Acupuncture and Chinese Medicine. We may also, for the purpose of treatment and continued best care, disclose your protected health information to another health care provider when needed by the provider to render treatment to you.

**Billing:** Payments for services rendered are due at the time of service. If there is an unpaid bill, unpaid charges at the end of each fiscal quarter may be sent to a collection's agency. The bill only shows information which contains name, contact information, social security number (if required), date of service without the medical diagnoses, procedures or the medication disclosed.

**Third Party Payment:** Itemized billing statements that include the information given in (2) above AND diagnoses, procedures, or Chinese herbal supplements will be released to the patient or their designated representative only upon the specific request and with the written consent of the patient.

**For health care operations:** We may use and disclose your protected health information for all activities that are included within the definition of "health care operations" as defined in the Federal Privacy Regulations.

**Oversight activities:** Oversight includes internal and external audits, chart reviews, investigations, licensures, and inspections required for compliance with government, college, and accreditation programs and laws as well as the Provider's quality assurance/risk management programs. Only the minimal necessary information will be released. However, on occasion, these reviews will involve sighting of individual information by the auditor, accreditation examiner, etc. All individuals performing these reviews, audits, etc. will be required to agree with and sign the non-disclosure confidentiality standards of the Provider before being allowed access.

**Public health and safety:** Personal and health information may be disclosed to the proper authorities to report deaths, certain infectious diseases, occupational injuries and diseases, child abuse/neglect, domestic violence, problems with medications and other products as required by law to prevent/control disease, injury or disability to the patient or to others. The Provider may use and disclose your individual health information when necessary to reduce or prevent a serious threat to your individual health or the public.

**Legal requirements:** Personal and medical information may be disclosed as required by court or administrative order, subpoena, discovery request, or other lawful process. It may also be disclosed when legally requested by national security, intelligence, and other federal officials.

**Abuse or neglect:** The Provider is a mandatory reporter and is required by law to report to appropriate authorities if we believe that you may be a possible victim of abuse, domestic violence, neglect or other crimes.

**Emergency Contact:** We may disclose your protected health care information to friends and family in case of emergency to the extent necessary to help with your health care or with payment of our health care. Using their judgment as health care professionals, our staff may disclose protected information with a family member, other relative, close personal friend or any person you identify as being involved in your health care.

**Reminder calls:** We may contact you to provide reminders of herbal refills or appointments or other health related services that may be of interest to you.

**Other covered entities:** We may disclose protected health information to another covered entity to conduct health care operations in the area of quality assurance activities, certification, licensing or credentialing.

**Other uses:** The Provider may contact patients utilizing a cell phone when a long distance number is provided by the patient to give health related information. The Provider or clinical staff may also contact patients via E-mail. E-mail communication will not include any specific personal health information, but may include reminders of appointments or notification of results are here and to please contact us to discuss those results.

Additionally, if you provide us with a cell phone number, we will assume that it is acceptable to you that we contact you via your cell phone. Lab results may be left on your private voice mail. We may disclose your protected health information to the following entities under given circumstances. Whenever required to so by law; To a correctional institution or its agents, if a patient is or becomes an inmate of such institution, when necessary for the patient's health or the health and safety of others; To notify or assist in notifying a family member, personal representative, or another person responsible for the patient's care, or the patient's location or general condition; To the military authorities under certain circumstances when the patient is a member of the Armed Forces; To authorized federal officials for intelligence, counterintelligence and other national security activities.

## **HITECH ACT AMENDMENTS**

**HITECH Breach Notification Requirements:** We are required under the HITECH Act to notify each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed due to a breach. Our Business Associates have a similar duty under this Act. Unsecured PHI refers to private information that is readable by unauthorized individuals. Secured PHI is encrypted to be rendered unreadable, unusable, or indecipherable to unauthorized individuals. We will notify you by first class mail within 60 days of our discovery of such an event.

**HITECH Restriction of Disclosure:** Under the HITECH Act, if you pay out of pocket in full for services, you can require that the information regarding those services not be disclosed to your health insurance plan, as no claim to them is involved.

**HITECH Access to Electronic Health Records:** Under the HITECH Act, if we maintain electronic health records in one or more designated record sets, you have the right to obtain an electronic copy of your PHI, and you may by written request have us send your record electronically directly to another party. We may only charge you the labor cost for this service.

**HITECH Expansion of Accounting Disclosure:** As of January 1, 2014, the HITECH Act require us, on your written request, to provide an accounting of all disclosures made using electronic records of your PHI to carry out treatment, payment, and healthcare operations. This accounting requirement is limited to the three year period prior to the request. We will provide you with an accounting of such disclosures made by us, and a list of our business associates including their contact information, who on your written request will be responsible for providing you with an accounting of their disclosures of your PHI.

**HITECH Prohibition on Sale of PHI:** Under the HITECH Act, neither we nor our business associates may receive direct or indirect remuneration in exchange for your PHI without your prior written authorization, unless that exchange meets one of the limited exceptions allowed by the Act.

**HITECH Subsidized Marketing Limitations:** Under the HITECH Act, we are restricted from most types of subsidized marketing communications to you that encourage you to make purchases, without your prior written authorization.

**HITECH Fundraising Limitations:** Under the HITECH Act, if we send a fundraising communication to you, we must also offer you an opportunity to opt out of future fundraising communications.

### **AUTHORIZED USE AND DISCLOSURE**

We will obtain your written Authorization before using or disclosing your protected health care information for purposes other than those listed above or otherwise permitted or required by law. You may revoke Authorization in writing at any time. Upon receipt of this revocation we will stop using or disclosing your protected health care information except to the extent that we have already taken action in reliance on the Authorization.

### **YOUR INDIVIDUAL RIGHTS**

You have the right to:

**Requests for restrictions:** You have the right to request that we restrict how your protected health information is used or disclosed in carrying out treatment, payment or health care operations. Such requests must be made in writing to Dr. J. Haunani Chong Drake, DACM, L.Ac. (see address above). In your request tell us: 1) the information of which you want to limit our use and disclosure including the date period and 2) how you want to limit our use and/or disclosure of the information. *We are not required to agree to the requested restrictions, but if we do, we will abide by our agreement except in an emergency.*

**Access to protected health information:** You have the right to look at or obtain a copy of your protected health information. You must make a request in writing to the Privacy Officer (see address below) to obtain access to your protected health information. If you request copies, we may charge you a reasonable fee for copies and postage (if you want them mailed). *We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request the denial be reviewed.*

**Accounting of disclosure:** You have the right to receive an accounting of the disclosures we have made on or after November 11, 2011, of your protected health information (PHI). We will provide the date on which we made the disclosure, the name of the person or entity to which we disclosed your PHI, a description of the PHI disclosed, the reason for the disclosure and certain other information.

**Amendments to Health Care Information:** You may request that we amend your protected health information if you feel that it is incomplete or incorrect. Your request must be in writing and it must explain why the information should be amended. If we did not create the information you want amended or for certain other circumstances, we may deny your request. If we deny your request, we will provide you with a written explanation. If denied, you have the right to file a statement of disagreement with the decision.

### **MAINTAINING PRIVACY:**

Dr. Haunani Chong Drake, DACM and clinical staff are required by law to maintain the privacy of protected health information and to provide and abide by this notice of legal duties and privacy practices. The Patient Notice of Privacy Practice will be available online at the public web site at QiandPrana.com. Copies of the notice may be obtained by requesting them in writing. The Provider reserves the right to make changes to this notice and/or its procedures without notification, other than posting or making available copies of revised notices in locations as above. Such changes, if and when made, will become effective for all of the health information that Provider maintains.

### **HOW TO MAKE PRIVACY COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Dr. Haunani Chong Drake, DACM, (at the address stated above), the State Licensing Board, the Secretary of the U.S. Department of Health and Human Services, or the Office for Civil Rights. We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or the Department of Health and Human Services.