

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 Jennifer Haunani Chong Drake, L.Ac., (called "Haunani Drake"). "We" and "our" means the Clinical Practice. "You" and "your" means our patients.

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:

Jennifer Haunani Drake
PSC 559 BOX 5598
FPO, AP 96377
USA telephone: (202) 375-9729
Japan telephone: 080-4209-9729
haunanichong@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.

EFFECTIVE DATE: This Notice of Privacy Practices became effective on November 11, 2011 and was amended on July 9, 2015.

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 material change, we will post the amended notice promptly on our website: www.Haunani.me

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.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

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 treatment may include acupuncture, massage and herbs. We may also, for the purpose of treatment, disclose your protected health information to another health care provider when needed by the provider to render treatment to you.

For payment services: We will use your health care information to receive payment for services and products. We will bill you and/or a third party pay or for the cost of treatment and herbs provided to you. The information on or accompanying the bill may include your identification, as well as the herbs you are taking.

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.

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.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY REGULATION

Friends and family: 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 acupuncture 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.

Disclosure to the US Department of Health and Human Services: When the US Department of Health and Human Services (DHHS) is investigating or determining our compliance with federal Privacy Regulations, we are required to disclose your protected health information to the DHHS.

Abuse or neglect: We may disclose your protected health information to appropriate authorities if we believe that you may be a possible victim of abuse, domestic violence, neglect or other crimes.

Serious threat to health or safety: We may disclose your protected health information if we believe that the disclosure is necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person.

Public health and safety: We may release your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we may provide information in your health record to the Food and Drug Administration relative to adverse events regarding drugs, foods, supplements and other health products or to post marketing surveillance to enable product recalls or replacements.

Law enforcement: We may disclose to law enforcement agencies in response to a court order, subpoena, discovery request, administrative order or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health care information.

Other required or permitted disclosures: 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.

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.

PATIENT RIGHTS

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 Haunani Chong, L.Ac. (see address above or below). In your request tell us: 1) the information of which you want to limit our use and disclosure 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 Seven Star Acupuncture & Apothecary 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 April 14, 2003, 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.

HOW TO MAKE PRIVACY COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Jennifer Drake, L.Ac., (at the address stated above) or with the Secretary of the U.S. Department of Health and Human Services, 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.