Notice of Privacy Practices

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.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.

How We Use and Disclose Information

We typically use or share your health information in the following ways:

• Treatment: We can use your health information and share it with other professionals who are treating you if you give us written permission.
• Payment: We can use and share your health information to bill and get payment from health plans or other entities.
• Healthcare Operations: We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Other Uses and Disclosures

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

Examples include: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your medical record.
- Ask us to correct your medical record if you think it is incorrect or incomplete.
- Request confidential communications.
- Ask us to limit what we use or share.
- Get a list of those with whom we've shared information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

Contact Us

If you have questions or would like more information, please contact:

Stillpoint Acupuncture of Greensboro, LLC
201 Muirs Chapel Rd
Phone: [(336) 510-2-29
Email: frontdesk@stillpointgso.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, without fear of retaliation for filing a complaint.