



NOTICE OF PRIVACY PRACTICES & HIPAA ACKNOWLEDGEMENT
Catawba Natural Healing

This Notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

At Catawba Natural Healing, we are committed to protecting the privacy and confidentiality of your protected health information (“PHI”) in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”), North Carolina law, and applicable federal privacy regulations.

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this Notice of Privacy Practices
- Follow the terms of the current notice
- Notify you if a breach occurs that may compromise your information

Protected health information includes information about your health history, symptoms, examinations, treatment plans, appointments, billing information, payment history, and communications related to your care.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use or disclose your health information for the following purposes:

Treatment

We may use your information to provide healthcare services and coordinate your care.

Examples include:

- Reviewing health history forms
- Creating individualized treatment plans
- Documenting treatment notes
- Communicating with other healthcare providers with your permission

Treatments may include, but are not limited to:

- Chinese medicine: Acupuncture, tui na, gua sha, bloodletting, cupping
- LED Light therapy
- Herbal and wellness recommendations

Payment

We may use or disclose information to:

- Process payments
- Provide invoices or receipts
- Collect outstanding balances

Healthcare Operations

We may use your information for:

- Quality assurance
 - Staff training
 - Scheduling and appointment management
 - Business administration
 - Legal and compliance activities
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Appointment Reminders & Communication

We may contact you regarding:

- Appointment reminders
- Treatment follow-ups
- Office updates
- Administrative communication

Communication methods may include:

- Phone calls
- Voicemail
- Email
- Text messages
- Patient portals or online scheduling systems

While reasonable safeguards are used, electronic communications may carry some privacy risks.

Individuals Involved in Your Care

With your permission, we may disclose relevant information to:

- Family members
- Spouses
- Caregivers
- Emergency contacts

You may revoke this permission at any time in writing.

As Required by Law

We may disclose information when required by:

- Federal or state law
 - Court orders or subpoenas
 - Public health reporting requirements
 - Law enforcement requests permitted by law
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YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

Request Access

You may inspect or request copies of your records, subject to legal limitations.

Request Corrections

You may request amendments to your medical records if you believe information is incorrect or incomplete.

Request Confidential Communications

You may request communication by specific methods or at specific locations.

Request Restrictions

You may request limitations on how your information is used or disclosed. While we will consider requests, some restrictions may not be legally possible.

Receive an Accounting of Disclosures

You may request a list of certain disclosures made of your protected health information.

Obtain a Paper Copy

You may request a paper copy of this Notice at any time.

File a Complaint

You may file a complaint if you believe your privacy rights have been violated without fear of retaliation.



Complaints may be directed to:
U.S. Department of Health & Human Services
Office for Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

OFFICE POLICIES & ADDITIONAL PRIVACY INFORMATION

Electronic Records & Online Services

We maintain reasonable physical, electronic, and administrative safeguards to protect your information. This includes online scheduling systems, electronic communication systems, and digital recordkeeping. However, no electronic transmission system can be guaranteed to be completely secure.

Social Media & Photography

We will never use photographs, videos, testimonials, or treatment results for marketing, educational, or social media purposes without your separate written consent.

Minors

For patients under 18 years of age, a parent or legal guardian must sign all required consent and privacy documents unless otherwise permitted by law.

Retention of Records

Medical records are retained in accordance with North Carolina state law and applicable federal regulations.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices from Catawba Natural Healing.
I understand my rights regarding my protected health information and how my information may be used and disclosed.