

## 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.*

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### OUR LEGAL DUTY

BR Acupuncture Wellness LLC is required by applicable federal and state law to maintain the privacy of your health information and to give you this notice of privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect June 15, 2010, and will remain in effect until we replace it.

As permitted by law, BR Acupuncture Wellness LLC reserves the right to change our privacy policies and the terms of this Notice at any time. Upon request, we will provide you with the most recently revised notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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### USES AND DISCLOSURE OF PATIENT HEALTHCARE INFORMATION

**TREATMENT, PAYMENT, HEALTHCARE OPERATIONS:** We may disclose your healthcare information to other healthcare providers for the purpose of treatment, payment or healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**YOUR AUTHORIZATION:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your healthcare information for any reason except those described in this Notice.

**TO YOUR FAMILY AND FRIENDS:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

**PERSONS INVOLVED IN CARE:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled herbal prescriptions, medical supplies, or other forms of health information.

**PUBLIC HEALTH RISKS:** As required by law, we may disclose patient health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the FDA about problems with products and reactions to medications, and reporting disease or infection exposure.

**PUBLIC SAFETY:** It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.



**REQUIRED BY LAW:** We will disclose your health information when required to do so by federal, state or local law.

**LAW ENFORCEMENT:** We may disclose patient health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**NATIONAL SECURITY:** We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminder (such as voicemail messages, postcards, or letters).

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## **PATIENT RIGHTS**

**ACCESS:** You have the right to look at or get copies of your health information, with limited exceptions. We may charge for the costs of copying, mailing or other associated supplies.

**AMENDMENT:** You have the right to request that we amend your health information, if you believe that your health information we have is incorrect or incomplete. We may deny your request under certain circumstances.

**DISCLOSURE ACCOUNTING:** You have the right to receive a list of instances in which we disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities. We may charge for the costs of providing the list.

**RESTRICTIONS:** You have the right to request restrictions on certain uses or disclosures of your health information. We are not required to agree to these restrictions.

**ALTERNATIVE COMMUNICATIONS:** You have the right to have your health information received or communicated through alternative methods or sent to alternative locations.

All requests must be in writing.

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## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your requests on your privacy rights, you may complain to us using the contact information listed below. You also may submit a formal complaint to the U.S. Department of Health and Human Services (DHHS) at the end of this Notice.

Contact officer: Timothy T. Tran  
2424 O'Neal Lane Ste B. Baton Rouge, LA 70816  
(225) 636 - 6666

DHHS, Office of Civil Rights  
200 Independence Avenue SW, Room 509F HHH Building, Washington, DC 20201  
(877) 696 - 6775



## BR Acupuncture Wellness LLC Policies

Welcome to BR Acupuncture Wellness LLC. BR Acupuncture Wellness LLC is an integrated health care, well-being and longevity center. Combined with modern Western medical consultation, we provide full scale traditional Chinese medical techniques including acupuncture, herbal medicine, dietary recommendations, and life style modification. All services are provided by Louisiana State licensed and National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM) certified acupuncturists.

We emphasize a patient's total health and well-being. We view each patient as an individual whose well-being is affected by lifestyle, diet, emotions, mentality and environment. Thus we provide a very personalized, holistic, and preventive health care service. We not only treat the current condition, but also look for the underlying causes and improve a patient's general well-being and happiness.

We are delighted to have you as a new patient and look forward to providing you with the highest quality care. In order to serve your needs efficiently, we have a few guidelines. Please take a minute to carefully read and sign the following forms and bring with you to your initial appointment.

### APPOINTMENTS AND SCHEDULING

Treatments are by appointment only. Occasionally, however, emergency appointments are available if there is time in the schedule. To make an appointment, please call us at (225) 636 - 6666 (Baton Rouge). Please be on time for appointments. Your prompt arrival for scheduled appointments will help us run smoothly. Unfortunately, because schedules are often tight, you may receive a shortened treatment or need to be rescheduled if you arrive late. You will still be responsible for the visit fee. Lateness will be treated in the same manner as missed appointment, as indicated below. However, if we are running late, you will always receive a full treatment.

### FEES AND BILLING

New Patient Visit	\$ 95	5 Visit Package (Save \$ 70)	\$ 325
Return Visit	\$ 75	10 Visit Package (Save \$ 170)	\$ 600
Community Clinic	\$ 50	NADA Special (smoking cessation)	\$ 25

\* The first visit for Community Clinic and NADA Special are also \$95 for two hours of comprehensive medical history intake and an acupuncture treatment.

\*\* '5 or 10 Visit Package' are granted for certain circumstances that will require multiple treatments in a short span of time. Conditions do apply. Any unused treatments purchased with a Treatment Package will be retained on file as credit towards future treatments.

\*\*\* Herbal supplements are not included. The cost for herbal supplements varies depending on the type of formula and individual ingredients used in your formula.

Payment for all services and products are due at the time of the visit, unless appointments have been pre-paid for Treatment Packages. Payment can be made by cash, personal checks, Visa, or MasterCard. Returned checks are subject to a \$25 service charge.

### HEALTH INSURANCE

At this time, acupuncture is not a reimbursable expense in Louisiana. We do not bill insurance companies for you and payment is due at the time of service. After you visit we will gladly provide you a receipt containing the appropriate codes that your insurance company would need if they will reimburse you directly according to your policy. BR Acupuncture Wellness LLC is considered a 'provider' by various health insurance companies which entitle the members of those company's policies to a discount on our fees. Please check your insurance company with us at the time of your visit.



## CANCELLATIONS

AT LEAST 24 HOURS NOTICE OF CANCELLATION IS REQUIRED TO AVOID \$25.00 MISSED/LATE CANCELED APPOINTMENT CHARGE. Our time and expertise are what you essentially pay for. Occasionally there is a problem with patients who are not used to keeping on schedule themselves. In order to offer high quality health care to all patients, at least 24 hour notice for canceled or rescheduled appointments is required. All appointments that are rescheduled or canceled with less than 24 hour advance notice, and appointments missed without notice, will be charged \$25. If appointments have been pre-paid, the missed, canceled or rescheduled appointment fee will be deducted from the patients balance. If you expect to be more that 15 minutes late, please call to confirm availability.

## HERBAL PHARMACY

The outcome of an herbal consultation is a personalized prescription which will be filled at BR Acupuncture Wellness LLC. We use high quality granular extracts produced by E-Feng Herbs and MayWay to create customized herbal formulas. The prices for herbal pharmacy vary depending on individual ingredients used in your herbal formula. For your convenience, we may put granular extracts into capsules. Additional fee of \$0.05/capsule will be charged if you request your formula in capsules. All herbs must be paid in full at time of purchase. If your prescription was written for refills, simply call at least 24 hours before you would like to pick up your prescription.

## THE INITIAL VISIT

Generally, your first visit will be the longest. Please be sure to have eaten within 2-3 hours of the visit and wear loose, comfortable clothing. We request that you come in at least 20 minutes early to complete information forms. This will also enable us to run on time.

## MEDICATION/SUPPLEMENT LIST

Please provide us with a complete list of your recent and current medications with dosage, the supplements, and herbal or nutrient. If you possess any of your medical records, including past x-rays, lab work or other diagnostic studies, please bring those along.

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## ACCEPTED AND AGREED BY:

I have read and understand the information enclosed. By my signature below, i acknowledge receipt of notice of privacy practices, and i give my voluntary consent for acupuncture wellness center to use and disclose my identifiable health information for purposes of treatment, payment (including benefit payment and for establishment of entitlements) and health care operations.

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Patient's Name (Printed)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Name (Printed)

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

(Required if the patient is a minor or an adult who is unable to sign this form)