

Notice of Privacy Policies

Mary Elizabeth McNeill, MAOM, L.Ac., Dipl. OM is dedicated to providing services with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of the practitioner-patient relationship. This notice outlines the policies regarding how your medical information may be used and disclosed, how you can access this information, how your privacy is protected and the rights to which you are entitled, according to state and federal law.

Protecting the privacy of your medical, health, and personal information is of the utmost importance. In the course of administering appropriate healthcare treatment plans and strategies, non-public and personal information about you is maintained and gathered in several ways, including the following:

- From your patient record, including information received from you, diagnostic information, and the care and services you receive
- From your medical history, including information from your treatment notes, test results, and other healthcare providers, including any letters, faxes, emails or telephone conversations to or from other healthcare practitioners
- From your financial and billing transactions with this office, including information received from third party payers

Please be aware that during the course of our relationship, we will likely use and disclose protected health information (PHI) about you for treatment, payment, and healthcare operations. PHI is identifying information about your past and present physical or mental health condition. You may specifically authorize us to use PHI for any purpose to disclose the health information we have about you by submitting the authorization in writing.

Your Rights

When it comes to your health information, you have certain rights, including the following:

- Upon written request, you have the right to access, review or receive an electronic or a paper copy of your medical record.
- Upon written request, you have the right to ask us to correct your medical record.
- Upon written request, you have the right to receive a list of items this office disclosed about your healthcare information as well as a list of those with whom this office has shared information.
- Upon written request, you have the right to request that this office amends your PHI.
- You have the right to request confidential communications, for this office to limit what we share and use, and for this office to place additional restrictions on disclosure of your PHI, including restricting information released to your health insurance company regarding any services/products for which you pay in full at the time of service.
- You have the right to ask us to limit what we use or share.
- You have the right to receive a copy of this privacy notice as well as receive all notices in writing.
- You have the right to file a complaint - with the knowledge of no retaliation against you for filing a complaint - if you feel your rights have been violated by:
 - Contacting Mary Elizabeth McNeill by calling 252-717-7124
 - Submitting a formal, written complaint to the U.S Department of Health and Human Services/ DHHS/ (Office of Civil Rights)/ 200 Independence Avenue SW /Room 509F HHH Building/ Washington, D.C. 20201.

Marketing

Your information will not be shared or sold for marketing purposes. This office may send newsletters, appointment reminders, marketing requests, and appointment confirmations via telephone calls, text messaging, emails, postcards or letters, unless otherwise advised by you either through a written request or by notifying the front desk staff.

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Disclosure of Information

In order to maintain the level of service that you expect from our office, we may need to share limited information for treatment, payment, and healthcare operations. We typically use or share your healthcare information in the following ways:

- With other professionals who are treating you upon your written authorization.
- In order to improve your care, contact you when necessary, and to manage the administrative and financial responsibilities of this office.
- For billing and payment purposes, including from health plans or other entities.
- When requested by states or federal law, in order to comply with law enforcement and other government requests, and to respond to lawsuits and legal actions. This office may use or disclose your PHI without your express authorization when required by law.

Office and Practitioner Responsibilities

This office and your practitioner are required by law to maintain the privacy and security of your PHI. We will promptly inform you if a breach occurs that may have compromised the privacy or security of your PHI. This office and your practitioner must follow the duties and privacy practices described in this notice and provide you a copy for review. This office and your practitioner will not use or share your PHI other than as described in this notice unless you provide written authorization. You may change any written permissions you have granted at any time by providing that request in writing.

Changes to the Terms of this Notice

The terms of this notice may be changed, and the changes will apply to all information on file about you. If changed, the new notice will be available upon request in this office.