

# HIPPA Notice of Privacy Practices (NOPP)

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

## **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. You have the right to:

Get an electronic or paper copy of your medical record.	<ul style="list-style-type: none"><li>● You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li><li>● We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee to provide the requested information.</li></ul>
Ask us to correct your medical record.	<ul style="list-style-type: none"><li>● You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li><li>● We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
Request confidential communications.	<ul style="list-style-type: none"><li>● You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will not ask you for a reason for the request.</li><li>● We will consider all reasonable requests, and will not ask for the reason for your request.</li></ul>
Ask us to limit what we use or share.	<ul style="list-style-type: none"><li>● You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our health care operations.</li><li>● You can ask us <b>not</b> to share information about you to someone who is involved in your care or the payment of your care.</li><li>● Generally, we are not required to agree to your request, and we may say “no” if it would affect your care.<ul style="list-style-type: none"><li>○ We are only required to agree to your request when (1) you have asked us not to share information for payment or business purposes with a health plan, (2) we are not required by law to share the information with the health</li></ul></li></ul>

	<p>plan, and (3) the service was paid for without using the health insurance.</p>
<p>Get a list of those with whom we've shared information.</p>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. Ask us how to do this.</li> <li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make, or exceptions required by law).</li> <li>• We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.</li> </ul>
<p>Get a physical copy of this privacy notice.</p>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<p>Choose someone to act for you.</p>	<ul style="list-style-type: none"> <li>• If you have legally authorized someone else, such as by giving them a medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<p>File a complaint if you feel your rights are violated.</p>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting us using the information on page 1.</li> <li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p>In these cases, you have both the right</p>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care.</li> </ul>
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and choice to tell us to:	<ul style="list-style-type: none"> <li>● Share information in a disaster relief situation.</li> <li>● Include your information in a hospital directory.</li> <li>● Contact you for fundraising efforts.</li> </ul> <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
In these cases, we never share your information unless you give us your written permission:	<ul style="list-style-type: none"> <li>● Marketing purposes.</li> <li>● Sale of your information.</li> <li>● Most sharing of psychotherapy notes.</li> </ul>
	<ul style="list-style-type: none"> <li>●</li> </ul>

**Our Uses and Disclosures**

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

Treat you	<ul style="list-style-type: none"> <li>● We can use your health information to provide you with treatment or services. We may also share it with other professionals who are treating you.</li> </ul>	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
Run our organization	<ul style="list-style-type: none"> <li>● We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<i>Example: We may use information to review our treatment and/or services to evaluate the performance of our staff and improve our services for you.</i>
Bill for your services	<ul style="list-style-type: none"> <li>● We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>

<b>How else can we use or share your health information?</b> We are allowed or required to share your information in	<ul style="list-style-type: none"> <li>● We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>○ Preventing or controlling disease, injury, or disability;</li> <li>○ Report births and deaths;</li> <li>○ Helping with product recalls;</li> <li>○ Reporting adverse reactions to medications;</li> </ul> </li> </ul>
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<p>other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html</a>. Help with public health and safety issues</p>	<ul style="list-style-type: none"> <li>o Reporting suspected abuse, neglect, or domestic violence;</li> <li>o Preventing or reducing a serious threat to anyone’s health or safety.</li> </ul>
<p>Do research</p>	<ul style="list-style-type: none"> <li>● We can use or share your information for health research, subject to additional regulations that govern the privacy of research data.</li> </ul>
<p>Comply with the law</p>	<ul style="list-style-type: none"> <li>● We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to confirm that we’re complying with federal privacy law.</li> </ul>
<p>Respond to organ and tissue donation requests</p>	<ul style="list-style-type: none"> <li>● We can share health information about you with organ procurement organizations, subject to regulations governing research data.</li> </ul>
<p>Work with a coroner, medical examiner or funeral director</p>	<ul style="list-style-type: none"> <li>● We can share health information with a coroner, medical examiner, or funeral director when an individual dies. For example, to identify a deceased person or determine the cause of death.</li> </ul>
<p>Address workers’ compensation, law enforcement, and other government requests</p>	<ul style="list-style-type: none"> <li>● We can use or share health information about you: <ul style="list-style-type: none"> <li>o For workers’ compensation claims.</li> <li>o For law enforcement purposes such as to report certain threats to third parties, about a death that may be the result of criminal conduct, or criminal conduct at one of our facilities.</li> <li>o With health oversight agencies for activities authorized by law</li> <li>o For special government functions such as military, national security, and presidential protective services.</li> </ul> </li> </ul>

Respond to lawsuits and legal actions	<ul style="list-style-type: none"> <li>● We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> <li>● NOTE: We will not share health information related to substance use disorder (SUD) without your signed and dated written permission or a court order.</li> </ul>
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If you authorize us to share your information with someone other than those who have a written agreement to protect your information, who is not a medical provider, health plan, or health care clearinghouse, then none of the protections described in this Notice may apply to your information after the disclosure, and the recipient of your information may redisclose it; however, if your information relates to SUD counseling notes and you have given written permission to use or disclose it, the person who receives that information will continue to be required to protect that information according to the terms of the consent you have given.

### 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 disclose any records we receive from a substance use disorder treatment program, or testimony that describes those records, for any civil, criminal, administrative, or legislative proceedings against the person who is the subject of those records, unless we have written consent or a court order that requires us to disclose them.
- 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. Let us know in writing if you change your mind. This will stop any further use or disclosure of your information for the purposes covered by your written authorization. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Who Will Follow this Notice

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your health record.
- All departments, units, clinics, facilities, and offices.
- Any member of a volunteer group we allow to help you while you are in our care.
- All employees, staff, and other personnel.
- Any business associates we contract to conduct services on our behalf.

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share your information with each other for treatment, payment or health care operations purposes described in this notice.

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

I have read and acknowledge receiving a copy of this notice of Dr. Benedict's HIPPA Privacy Practices information.

Patient's name: \_\_\_\_\_ Patient's signature) \_\_\_\_\_

Today's date: \_\_\_\_\_.

### **Contact Information**

For questions regarding this notice, additional information, or other requests, please contact Dr. Steven L. Benedict, L.Ac., O.M.D., 11901 Santa Monica Blvd., STE 110-545, Los Angeles, CA 90025. [DrB@eastwesthealth.org](mailto:DrB@eastwesthealth.org), 310-442-7697.

Updated: 3/1/2026