

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed by Kagawa Kampo Clinic and how you can get access to this information.

What is this notice and why is it important?

This notice is required by law to inform you of how your health information will be protected, how Kagawa Kampo Clinic may use or disclose your health information, and about your rights regarding your health information.

Understanding Your Health Information

Each time you visit Kagawa Kampo Clinic, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnosis, treatments, and a plan for future care. This information, referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documents of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- Data source for medical research and public health
- Source of data for planning facilities, marketing healthcare services
- Tool for education health professionals
- Tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your medical and billing records kept at Kagawa Kampo Clinic.

Obtain a copy of this notice

You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions by calling (408) 858-0641.

Authorization to use your health information

Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access to your health information

You may request a copy of your health information that Kagawa Kampo Clinic keeps in your medical or billing record.

Amend your health information

If you believe that the information we have about you is incorrect or incomplete, you may request that we correct or add information.

Request confidential communications

You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number.) We will make every reasonable effort to agree to your request.

Limit our use or disclosure of your health information

You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be available at the front desk.

Except for the purpose related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations

We will use your health information to facilitate your medical treatment.

For example: Any information obtained by a member of our healthcare team will be recorded in your record and used to determine the course of your medical treatment. This information is then available to subsequent healthcare providers, keeping treatments cohesive and progress documented.

We will use your health information to collect payment for healthcare services that we provide.

For example: A bill may be sent to you, your health insurance company or the responsible party. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

We will use your health information to facilitate routine healthcare operations.

For example: Members of our medical staff or quality improvement teams may use information

in your record to assess the care you have received and how your progress compares to others. This information will then be used in efforts to improve the quality and effectiveness of the healthcare and other services that we provide.

We will use your health information to notify your family and friends about your condition.

For example: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

We may use your health information to inform persons about your death.

For example: We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

Examples of Uses and Disclosures for Other Purposes

Appointment Reminders: We may contact you to provide appointment reminders and follow up.

Marketing: We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you.

Workers Compensation: We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health: We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.

To avert a serious threat to health or safety: We may use and disclose your health when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

Correctional Institutions: Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health and safety of other individuals.

Law enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

Food and Drug Administration (FDA): We may disclose to the FDA your health information relating to adverse events with respect to food, nutritional supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Business Associates: There are some services provided in our organization through contracts with business associates. When contracted business associates provide these services, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business

associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

Special Situations

Specialized Government Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Regulatory Oversight: We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your health information may also be disclosed if a workforce member believes in good faith that Kagawa Kampo Clinic has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For Research Studies

To promote clinical effectiveness of Chinese medicine therapies, we may use your unidentifiable medical information in research studies which are possible leading to publication of the material about your cases in professional medical literature including but not limited to written or electronic format. The material will be published without your name attached and every attempt will be made to ensure your anonymity.