

FERN ACUPUNCTURE - 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.

PRACTICE DIRECTORY & NOTICE DETAILS	
Effective Date	September 1, 2026
Practice Name	Fern Acupuncture LLC
Privacy Officer	Dr. Chotika Malmstadt, DACM
Location	Vancouver, Washington
Phone	(360) 836-0563
Email	info@fernlac.com
Website	www.fernlac.com

1. OUR COMMITMENT TO YOUR PRIVACY

Fern Acupuncture LLC is committed to maintaining the privacy and confidentiality of your Protected Health Information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related healthcare services.

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of Privacy Practices detailing our legal duties and privacy practices.
- Abide by the terms of this Notice currently in effect.
- Notify affected individuals following a breach of unsecured PHI.

2. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

The following categories describe different ways that we use and disclose your PHI for Treatment, Payment, and Healthcare Operations without requiring your explicit written authorization:

- **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. This includes consultation with other healthcare providers (e.g., primary care physicians, physical therapists, specialists) involved in your care.
- **Payment:** We may use and disclose your PHI to bill and collect payment for the treatment and services you receive. This includes sending claims to your health insurance plan, clearinghouses, or secondary payers, confirming insurance coverage/eligibility, and processing credit card payments.
- **Healthcare Operations:** We may use and disclose your PHI to support the business activities of Fern Acupuncture. These activities include quality assessment and improvement, internal auditing, licensing, clinical training, customer service, and regulatory compliance evaluations.
- **Appointment Reminders & Service Communications:** We may contact you via phone, voicemail, email, or text message to provide appointment reminders, confirmation details, or information about treatment alternatives and health-related benefits that may interest you.

3. SPECIAL PERMITTED USES & DISCLOSURES REQUIRED OR ALLOWED BY LAW

Under HIPAA and Washington State law (RCW 70.02), we may disclose your PHI without your authorization under specific statutory circumstances:

- **Required by Law:** When required to do so by federal, state, or local law.
- **Public Health Risks:** To public health authorities for preventing or controlling disease, injury, or disability, or reporting adverse reactions to medications/herbal remedies.
- **Abuse or Neglect:** To government authorities authorized by law to receive reports of suspected child abuse, vulnerable adult abuse, or domestic violence.
- **Health Oversight Activities:** To government agencies for audits, investigations, inspections, and licensure necessary for oversight of the healthcare system.

- **Judicial and Administrative Proceedings:** In response to a court or administrative order, subpoena, discovery request, or other lawful process.
 - **Law Enforcement:** To law enforcement officials under limited circumstances, such as responding to a court order, grand jury subpoena, or locating a missing person or suspect.
 - **Specialized Government Functions:** For military, national security, intelligence activities, or protective services.
 - **Workers' Compensation:** As authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar state programs.
 - **Coroners, Medical Examiners, and Funeral Directors:** To identify a deceased person or determine cause of death.
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4. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization.

Specifically, we will **never**:

- Sell your PHI.
- Use your PHI for marketing purposes.
- Share psychotherapy or clinical treatment notes without your explicit prior written consent.

You may revoke your authorization in writing at any time, except to the extent that we have already acted in reliance on it.

5. YOUR INDIVIDUAL PRIVACY RIGHTS REGARDING YOUR PHI

Under HIPAA and Washington State healthcare privacy laws, you have the following rights:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a physical or electronic copy of your medical records and billing records. Requests must be submitted in writing. We may charge a reasonable, cost-based fee for copying and mailing records.
- **Right to Request an Amendment:** If you feel that PHI we have about you is incorrect or incomplete, you may request an amendment in writing stating the reason for the request. We may deny your request if the information was not created by us, is not part of the record, or is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures," which is a list of certain non-routine disclosures of your PHI made by us for purposes other than treatment, payment, or healthcare operations over the past 6 years.
 - **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or healthcare operations. We are not required to agree to your request, **EXCEPT** if you request that we not disclose PHI to a health plan for payment or healthcare operations purposes, and the PHI pertains solely to a healthcare item or service for which you (or someone on your behalf) have paid us out-of-pocket in full.
 - **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a specific way or at a specific location (e.g., calling a specific phone number or mailing to a P.O. Box).
 - **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
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6. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to change this Notice of Privacy Practices at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. The updated Notice will be posted in our clinic, available upon request, and published on our website at www.fernlac.com.

7. COMPLAINTS AND CONTACT INFORMATION

If you believe your privacy rights have been violated, you may file a formal complaint with Fern Acupuncture LLC or directly with the Secretary of the U.S. Department of Health and Human Services.

To File a Complaint with Fern Acupuncture LLC:

- **Contact Person:** Privacy Officer (Dr. Chotika Malmstadt, DACM)
- **Address:** Fern Acupuncture LLC, Vancouver, WA
- **Phone:** (360) 836-0563
- **Email:** info@fernlac.com

To File a Complaint with the U.S. Department of Health & Human Services (HHS):

- **Office:** Office for Civil Rights (OCR)
- **Agency:** U.S. Department of Health and Human Services
- **Address:** 200 Independence Avenue, S.W., Washington, D.C. 20201
- **Phone:** 1-877-696-6775
- **Website:** www.hhs.gov/ocr/privacy/hipaa/complaints/

We promise that you will NOT be penalized, retaliated against, or treated unfairly in any way for filing a complaint.