



Katherine Kim Acupuncture Arts

Katherine Kim, L.Ac. (Licensed Acupuncturist herein)

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Notice Of Privacy Practices (HIPAA) – Patient’s Copy

Please keep for your records

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

A. My commitment to your privacy:

The acupuncturist listed above (the Acupuncturist), who renders services at the address set forth above, is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of our legal duties and the privacy practices that I maintain in my practice concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that I have in effect at the time.

I am required to provide you with the following important information:

- How I may use and disclose your PHI,
- Your privacy rights in your PHI, and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by the Acupuncturist. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that the Acupuncturist has created or maintained in the past, and for any of your records that I may create or maintain in the future. The Acupuncturist will post a copy of the current Notice in a visible location at all times, and you may request a copy of our most current Notice at any time at the address set forth above.

B. If you have questions about this Notice, please contact the Acupuncturist at the address set forth above.

C. I may use and disclose your PHI in the following ways:

- 1. Treatment.** The Acupuncturist may use your PHI to treat you. The Acupuncturist may also disclose your PHI to other health care providers for purposes related to your treatment.
- 2. Payment.** The Acupuncturist may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from me. For example, I may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and I may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. I also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, I may use your PHI to bill you directly for services and items.
- 3. Health care operations.** The Acupuncturist may use and disclose your PHI to evaluate the quality of care and outcomes in your case and others like it. This information may then be used in an effort to continually improve the quality and effectiveness of our services.
- 4. Appointment reminders.** The Acupuncturist may use and disclose your PHI to contact you and remind you of an appointment.
- 5. Treatment options.** The Acupuncturist may use and disclose your PHI to inform you of potential treatment options or alternatives.
- 6. Health-related benefits and services.** The Acupuncturist may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- 7. Release of information to family/friends.** The Acupuncturist may disclose your PHI to others who may assist in your care, such as your spouse, children, parents, or other persons you identify. Before I do so, I will ask you, and

follow your instructions, as to whether or not to make such disclosures. If you are incapacitated, or involved in an emergency, I may use or make disclosures of your health information that I believe in my professional judgment are in your best interests, but will only do so to the extent that such health information is directly relevant to the recipients' involvement in your care.

8. Disclosures required by law. The Acupuncturist will use and disclose your PHI when I am required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which I may use or disclose your identifiable health information:

1. Public health risks. The Acupuncturist may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifications regarding potential exposure to a communicable disease,
- Notifications regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to herbs or problems with products or devices,
- Notifications for any product or device a patient may be using that has been recalled,
- Notifying any appropriate government agency or authority regarding the potential abuse or neglect of an adult patient (including domestic violence); however, I will only disclose this information if the patient agrees, or I am required by law to disclose this information, or
- Notifying your employer under limited circumstances related primarily to workplace injury or illness.

2. Health oversight activities. The Acupuncturist may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. The Acupuncturist may use and disclose your PHI in response to a court or administrative order. I also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if I have made reasonable efforts to inform you of such, or informed you to obtain an order protecting the information the party has requested.

4. Law enforcement. The Acupuncturist may release PHI if asked to do so by a law enforcement official for the reasons that include, but are not limited to:

- A crime victim in certain situations, if I am unable to obtain the person's agreement,
- A death I believe has resulted from criminal conduct,
- Criminal conduct at the address set forth above,
- Response to a warrant, summons, court order, subpoena or similar legal process,
- Identification/location of a suspect, material witness, fugitive or missing person, or
- An emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Research. The Acupuncturist may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information, thereby meeting the requirements under HIPAA. I may also disclose your health information for the purposes of research, public health or health care operations pursuant to a Data Use Agreement protecting that information as specified by HIPAA.

6. Serious threats to health or safety. The Acupuncturist may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, I will only make disclosures to a person or organization able to help prevent the threat.

7. Military. The Acupuncturist may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

8. National security. The Acupuncturist may disclose your PHI to federal officials for intelligence and national security activities authorized by law. I also may disclose your PHI to federal and national security activities authorized by law. I also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

9. Inmates. The Acupuncturist may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

10. Workers' compensation. The Acupuncturist may release your PHI for workers' compensation and similar programs.

E. Your rights regarding your PHI: You have the following rights regarding the PHI that I maintain about you:

1. Confidential communications. You have the right to request that The Acupuncturist communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that I contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Acupuncturist at the address first set forth above specifying the requested method of contact, or the location where you wish to be contacted. The Acupuncturist will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that I restrict my disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. I am not required to agree to your request; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in my use or disclosure of your PHI, you must make your request in writing to the Acupuncturist at the address first set forth above. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both, and
- To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Acupuncturist at the address first set forth above in order to inspect and/or obtain a copy of your PHI. The Acupuncturist may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the Acupuncturist. To request an amendment, your request must be made in writing and submitted to the Acupuncturist at the address first set forth above. You must provide us with a reason that supports your request for amendment. The Acupuncturist shall deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, I may deny your request if you ask me to amend information that is in my opinion: (a) not accurate and complete; (b) not part of the PHI kept by or for the Acupuncturist; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by the Acupuncturist, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures the Acupuncturist has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care by the Acupuncturist is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to the Acupuncturist at the address first set forth above.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask me to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Acupuncturist at the address first set forth above.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with the Acupuncturist or with the Secretary of the Department of Health and Human Services. To file a complaint with the Acupuncturist, contact the Acupuncturist at the address first set forth above. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to provide an authorization for other uses and disclosures. The Acupuncturist will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, I will no longer use or disclose your PHI for the reasons described in the authorization. Please note that I am required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the Acupuncturist at the address first set forth above. Thank you.