

## Notice of Privacy Policies

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.

**Request confidential communications:** You can ask us to contact you in a specific way (for example, home or of cellphone) or to send mail to a different address. We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share:** You can ask us *not* to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

**Get a list of those with whom we have shared information:** You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. 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). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice:** 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.

**File a complaint if you feel your rights are violated:** 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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**Our Uses and Disclosures.** We can use or share your health information in the following ways.

**Treat you:** We can use your health information and share it with other professionals who are treating you.

**Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.

**Help with public health and safety issues:** We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing, or reducing a serious threat to anyone’s health or safety.

**Do research:** We can use or share your information for health research.

**Comply with the law:** 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 see that we are complying with federal privacy law.

**Address workers’ compensation, law enforcement, and other government requests:** We can use or share health information about you for workers’ compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.

**Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities:**

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. 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.

### **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 web site.

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### **HIPPA ACKNOWLEDGEMENT**

I acknowledge the Kong’s Acupuncture & Oriental Medicine has provided me with a Notice of Privacy Practices, and I agree to the terms indicated in them. By signing below, I also give my permission to be contacted by phone, email, or mail and the messages regarding appointments may be left for me on my voicemail.

Patient Name:

Patient/Guardian signature:

Date: