

## NOTICE OF PRIVACY PRACTICES

The HIPAA Privacy Rule of April 14, 2001 requires compliance in the year 2003 for healthcare providers to implement administrative, technical, and physical safeguards to ensure the security of your individual identifiable health information that is collected to conduct this business. It is my legal obligation to keep health information that identifies you private. I am obligated by law to give you notice of my privacy practices. This Notice describes how your health information is protected and what rights you have regarding it. The following is informing you of the implementation of these Privacy Practices by **Joyce Kawalchuk, L.Ac.** You will be asked to sign Patient Acknowledgement of Privacy Practices when you have finished reading this notice. You are entitled to a copy of this notice.

**Information Collected to Conduct Business:** On your initial visit, you will be asked to sign an Informed Consent to Acupuncture Form, and complete a written Acupuncture Intake/Health History Form concerning your health history and other relevant personal data. It is asked that you read this notice, and sign the Patient Acknowledgement of Privacy Policies.

Each time you receive an acupuncture treatment, a written record of your session is made on an Acupuncture Progress Note. This contains results of your Verbal and Physical Assessment, Acupuncture Diagnosis, Acupuncture Treatment (including acupuncture points or adjunct tools used), and any Recommendations or Referrals. The above forms are placed in your individual and completely confidential file, maintained in a locked cabinet in a secure room with access by **Joyce Kawalchuk, L.Ac.** only. Other data that may be requested throughout your course of treatment such as laboratory or medical test results may also be kept in this file. Any correspondence that is received from medical or acupuncture consultations and/ or attorneys will also be placed in your own individual confidential file.

Your personal information is not shared outside of the treatment without your written authorization. You have the right to decide whom and for how long anyone else may have a copy of our records. You must sign an Authorization for Release of Health information with specific indication of the information collected that you want released. You must also sign the accompanying Individual Rights Relating to this Authorization form indicating how long your authorization is valid. (These forms are attached to this notice for your review.) The right to call you at the phone numbers you have given is requested for the sole purpose of making appointments, notifying you of changes in hours or cancellations; or to inquire about your health status between treatments.

The right to leave messages at these numbers is requested. If you do not want these services, please indicate such in writing on the Authorization for Release of Health Information. Your health information will not be shared with any family member without your written consent on the Authorization for Release of Health Information. The right to call a family member, at the number you have provided, is requested for emergencies, should one occur while you are in my care. A computer is used for scheduling purposes and is technologically safeguarded for your privacy protection, and only accessible by **Joyce Kawalchuk, L.Ac.**

### Your Rights Regarding Your Health Information:

- ask to restrict uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. By law, this is not required, but if agreed to, the restrictions that you want must be honored. To ask for a restriction, send a written request to the office at the address shown at the beginning of this notice.
- ask to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E mail to your personal E Mail address. These requests will be accommodated if they are reasonable, and if you pay for any extra cost. If you want to ask for confidential communications, send a written request to the office at the address shown at the beginning of this notice.
- ask to see or to get photocopies of your health information. By law, there are a few limited situations in which permitting access or copying can be refused. For the most part, however, you will be able to

review or have a copy of your health information within 14 days of your formal request. You may have to pay for photocopies in advance. If your request is denied, a written explanation, and instructions about how to get an impartial review of the denial, if one is legally available, will be sent to you. By law, one 14 day extension of the time is allowed in order to give you access or photocopies if a written notice of the extension is sent to you. If you want to review or get photocopies of your health information, send a written request to the office.

- ask to amend your health information if you think that it is incorrect or incomplete. If agreed upon, the information will be amended within 60 days from your request. The corrected information will be sent to persons who got the wrong information, and others that you specify. If it is not agreed upon, you can write a statement of your position, and it will be included with your health information along with any rebuttal statement that is written. Once your statement of position and/or our rebuttal is included in your health information, it will be sent along when a permitted disclosure of your health information is made. By law, one 30 day extension of time is allowed to consider a request for amendment if you are notified in writing of the extension. If you want to ask to amend your health information, send a written request, including your reasons for the amendment, to the office at the address shown at the beginning of this notice.
- get a list of the disclosures that have been made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. A response to your request should be expected within 60 days of receiving it, but by law, one 30 day extension of time is allowed if you are notified of the extension in writing. If you want a list, send a written request to the office at the address shown at the beginning of this notice.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office at the address shown at the beginning of this notice.

**Exceptions to your written authorization:** HIPAA explicitly allows disclosure of patient health information without consent for the following situations: emergency circumstance, identification of the body of a deceased person or the cause of death; public health needs; research; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security.

**Complaints:** Complaints about your privacy rights or how your privacy is handled at this office can be submitted with a written complaint to the address shown at the bottom of this notice. If you prefer, you may discuss your complaint in person or by phone. If you are not satisfied how the office handles your complaint, you may submit a formal complaint to the Arizona Department of Health Services, 150 N 18th Ave. Phoenix, AZ 85007 (602) 542.1025. You will not be penalized, or in any other way retaliated against, for filing a complaint with SCNM's Director of Clinical Operations, or the Arizona Department of Health Services.