



## OPTIM ACUPUNCTURE

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### Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, how you can gain access to this information, and how your information is protected by Optim Acupuncture.

This document outlines your specific rights in relation to your health records and the appropriate protocol for each subsection.

#### **Receiving copies of your medical records (paper or electronic format)**

- ❖ You can request an electronic or paper copy of your medical record(s) and other health information we have on file.
- ❖ We will provide a copy of your health information within 30 days of your request. We may charge a cost-based fee.

#### **Correcting your medical record:**

- ❖ You may request changes to correct health information about you that you believe is incorrect or incomplete. Ask us how to do this.
- ❖ We may deny your request, but we'll summarize the reasons why within 60 days.

#### **Request confidential communications:**

- ❖ You can request changes to our form of communication with you (for example, home or of cellphone) or to change a filed address.
- ❖ We will comply with 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 deny it if it would affect your care under us.
- ❖ If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- ❖ We will comply unless a law requires us to share that information.

#### **Get a list of those with whom we've shared information:**

- ❖ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and the reasons why.
- ❖ We will release all the disclosures except for those about treatment, payment, and health operations, and a select few others. We'll provide one accounting a year for free but will charge a cost-based fee if you ask for a new copy within 12 months of the old one.

#### **Getting a copy of our privacy notice:**

- ❖ You can request 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.

#### **Choosing someone to act for you:**



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- ❖ If you have given someone medical power of attorney or need the permission of a legal guardian, that individual can exercise your rights and make choices about your health information.
- ❖ We will affirm this individual's authority to act on your behalf before we take any action.

### **In these situations, you have both the right and choice to tell us to:**

- ❖ Share information with your family, close friends, or others involved in your care
- ❖ Share information in a disaster relief situation
- ❖ Include your information in a hospital directory
- ❖ Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### **File a complaint if you feel your rights have been violated:**

- ❖ You may file a complaint if you feel we have violated your rights by contacting us using the information on page 1.
- ❖ You may 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 reciprocate your action for filing a complaint.

### **In these cases we *never* share your information unless you give us written permission:**

- ❖ Marketing purposes
- ❖ Sale of your information
- ❖ Psychotherapy notes

### How or when are we allowed to use or share your health information?

#### **Your Treatment Plan:**

- ❖ We may use your health information and share it with other professionals who are treating you.
- ❖ We may use and share your health information to run our practice, improve your care, and contact you when necessary.

#### **Billing Purposes:**

- ❖ We may use and share your health information to bill and get payment from health plans or other entities.

In what other ways can we share your information? We are allowed and sometimes required to share your information in situations that contribute to the public good, such as public health and research. We are required to fulfill many conditions in the law before we can share your information for these aforementioned purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues:**

- We are allowed to 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



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- Preventing or reducing a serious threat to anyone's health or safety

### **Do research:**

- We are authorized to 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're complying with federal privacy law.

### **Respond to organ and tissue donation requests:**

- We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director:**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **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.

"We will never share any substance abuse treatment records without your written permission."

### **Our Responsibilities:**

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



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**Changes to the Terms of This Notice:**

We can alter the terms of this notice, and the changes will apply to all previously filed patient information. The new notice will be available upon request and on our website at [www.optimacupuncture.com](http://www.optimacupuncture.com).

Effective Date of Notice: 02-27-2020

**This Notice of Privacy Policies applies to the following organizations:**

Steven Koh L.Ac.

Phone: 213-700-4603

Address: 327 S. Coronado St. LA, CA, 90057

**By signing below, you consent and agree to these privacy policies and procedures.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date