



Dr. Cathy Kim  
1601 Carmen Dr, #216, Camarillo, CA 93010  
805-419-0881

## HIPAA Notice of Privacy Practices

**I. 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.**

**II. INTEGRATIVE BODY MEDICINE RESPONSIBILITIES:**

The practice is required by law to maintain the privacy and security of your Protected Health Information (PHI). Your PHI includes information from you, from another health care provider/plan, your employer, test result facility or other health care entity that relates to: your past, present, or future physical or mental health or conditions, the provision of health care to you, or the past, present, or future payment for your health care.

The practice collects your PHI and stores it in an Electronic Medical Record (EMR) system. We will let you know promptly if a breach occurs that may have comprised the privacy or security of your PHI. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your PHI other than as described here unless you notify the practice in writing otherwise. You may change your mind at any time and notify the practice of that change in writing.

We reserve the right to change the terms of this Notice and our privacy policies at any time, as allowed by applicable law, rules, and regulations. Any changes will apply to PHI on file with the practice already. When we make any important changes to my policies, we will promptly change this Notice and make a new copy available at the office.

**III. HOW WE MAY USE AND DISCLOSE YOUR PHI**

**A. Uses and Disclosures that Do Not Require Your Consent:**

- 1. Treatment:** We may use and disclose your PHI to give you treatment and to manage and coordinate your medical care with another provider to whom you have been referred or with another provider you are seeing for emergency/urgent services.
- 2. Health Care Operations:** For example, we may use and disclose your PHI to internally review the quality of the treatment and services you receive. We may also share information with other office personnel for educational and learning purposes.
- 3. Appointment Reminders/Health-Related Benefits and Services:** We may use and disclose your PHI to contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you.
- 4. Minors:** We may use and disclose the PHI of minor children to their parents or guardians unless law otherwise prohibits such disclosure.
- 5. Research:** We may use and disclose your PHI for our own research purposes in which we remove any specific readily identifiable information about you
- 6. As Required by Law or to Law Enforcement:** We may use and disclose your PHI when required to do so by international, federal, state, or local law enforcement.

7. **Process and Proceedings:** We may use and disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
8. **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others.
9. **Abuse, Neglect, or Domestic Violence:** We may use and disclose your PHI to the appropriate government authority if we (Mandated Reporter) believe you have been the victim of abuse, neglect, or domestic violence.
10. **Breach Notification:** In the case of a breach of unsecured PHI, we will notify you as required by law.
11. **Health Oversight Activities:** We may use and disclose your PHI to a health oversight agency, such as providing information to the government when it conducts an investigation or inspection of a health care provider or organization.
12. **Military and Veterans:** We may use and disclose your PHI as required by military command authorities. We may use and disclose your PHI if you are a member of a foreign military.
13. **Workers' Compensation:** We may use and disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
14. **Coroners, Medical Examiners, and Funeral Directors:** We may use and disclose your PHI to these entities.

**B. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT:**

1. **Individuals involved in Your Care:** Unless you object in writing, we may use and disclose to a member of your family, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unavailable or unable to communicate, we may use and disclose your PHI as necessary if we determine that it is in your best interest based on professional judgment, such as in an emergency situation.
2. **Disaster Relief:** We may use and disclose your PHI to disaster relief organizations to coordinate your care, or notify family and friends of your location or condition in a disaster. You may object if it is practical to provide you with such an opportunity.

**V. OTHER USES AND DISCLOSURES THAT REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION:**

Any uses and disclosures of your PHI not covered by this Notice will be made only with your written consent. If you do give authorization do disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures, but disclosures that we made in reliance on your prior authorization will not be affected by the revocation.

**VI. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

You have the following rights, subject to certain limitations, regarding your PHI:

- A. **Access:** You have the right to review or obtain copies of your PHI with certain exceptions. You may request that we provide copies in a format other than photocopies. We have up to 30 days to fulfill your request. You may submit this request in writing by obtaining a form from our office using the listed contact information on this notice. If you request copies, we may charge a fee for each page, per hour for staff time to locate and copy your PHI, and postage.
- B. **Disclosure Accounting:** You have the right to receive a list of disclosures we have made of your PHI. You must request this list in writing to the office. We will respond to your request within 30 days. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**C. Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required by federal regulation to agree to your request. If we do agree to your request, we will comply unless the information is needed to provide emergency treatment. You may submit this request in writing to this office address.

**D. Alternate Communication:** You have the right to request that we communicate with you in confidence about your PHI. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing to this office address and you must specify how or where we are to contact you. We will attempt to accommodate your verbal request with the understanding that your request will be followed in writing within 2 weeks.

**E. Amendment:** You have the right to request that we amend your PHI. Your request must be in writing to this office and it must explain the reason for your request. In certain cases, we will deny your request and provide you with a written explanation of the denial within 30 days.

**F. Paper/Electronic Copy of this Notice:** You have the right to a paper or electronic copy of this Notice; whichever copy you did not originally receive.

## **VII. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES:**

If you feel that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VIII below.

You may also 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 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.

## **VIII. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

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## **IX. EFFECTIVE DATE OF THIS NOTICE.**

This notice takes effect on 7/12/18.