

Standards and Practices
Privacy of Patient Information

Standard

This office is committed to treating all of its patients with appropriate care and respect. Information which our patients provide to use in connection with their treatment, Protected Health Information (PHI), is subject to the standards of security and confidentiality as defined under Federal Law, the Health Information Portability and Accountability Act (HIPAA). These standards and practices set forth our procedures to ensure compliance with the requirements of HIPAA.

Practices

1. Written or electronic files containing PHI must be stored in secure facilities. Written files will be maintained in locked file cabinets and electronic files will be stored in secure databases only accessible through password protected codes. Computer screens will be positioned so that they are not viewable by persons other than our personnel authorized to access that information. All personnel shall use discretion when discussing PHI in conversations.
2. A notice of Privacy Practices together with the statement of Practices Regarding Disclosure of PHI will be provided to all patients at the time of their initial visit. All patients will be requested to sign a statement acknowledging receipt of this information. The acknowledgement will be kept on file for 6 years.
3. Patients will be requested to advise us whether we may contact them by phone or in writing regarding their care. It is our practice to call or email patients of their appointments and send billing and relating information to patients homes.
4. PHI may be routinely used for treatment, billing, payment and quality control purposes. PHI may also be used without the patients consent for the following purposes:
 - a. Uses and disclosures required by law
 - b. Uses and disclosures for public health activities
 - c. Disclosures about victims of abuse, neglect or domestic violence
 - d. Disclosure for judicial and administrative proceedings
 - e. Disclosures for law enforcement purposes
 - f. Uses and disclosures about decedents
 - g. Uses and disclosures for cadaver or organ donation purposes
 - h. Uses and disclosures to avert a serious threat to health or safety
 - i. Disclosures for workers compensation
 - j. Disclosures to a State Licensing Board or other professional oversight entity
5. Patients have the right to request restrictions on the use of their PHI, although we are not always able to abide by such requests. All such requests must be submitted in writing. We will take all such requests under advisement and notify the patient in writing of our determination. A copy of the determination will be maintained in

our files. If the request is granted then it will be observed, except in the event of an emergency or in the event we terminate the agreement.

6. State law pertaining to parent/guardian authorization will apply in the case of a minor. When state law is silent, we reserve the right to use our professional judgment.
7. Non-routine requests for PHI will be reviewed in the normal course and may require specific patient authorization.
8. Patients may request an account of PHI disclosures made by the use in the prior six years. Such an accounting will not include disclosures:
 - a. For treatment, payment and healthcare operations
 - b. To the patient
 - c. To patients involved in the patients care
 - d. For national security or intelligence purposes
 - e. To correctional institutions of law enforcement agencies
 - f. Disclosures made prior to the enactment of HIPAA

In some instances PHI may be used once it has been stripped of all elements of personally identify information. Identifiers that may be stripped include:

- a. Name
 - b. All address information
 - c. Email address
 - d. Dates (other than the year)
 - e. Social Security Number
 - f. Medical record number
 - g. Health plan beneficiary numbers
 - h. Account numbers
 - i. Certificate numbers
 - j. License numbers
 - k. Vehicle identification numbers
 - l. Facial Photos
 - m. Telephone numbers
 - n. Device identifiers
 - o. URL's
 - p. IP address
 - q. Biometric identifiers
 - r. Zipcode if the geographic unit includes less than 20,000 persons
 - s. Any other unique data which when used alone or in combination with other information might identify the individual who is the subject of the information
9. We are required to act on written requests for onsite review of PHI within thirty days of our receipt of the request. If copies are requested, we may charge a reasonable copying fee. Patients do not have the right to access:
- a. Psychotherapy notes
 - b. Information relating to criminal, civil, or administrative procedures
 - c. PHI lawfully prohibited from the release because it is subject to or exempted from Clinical Laboratory Improvements Amendments (CLIC)
 - d. Information created by someone other than us or given to use under a promise not to release

10. Patients have a right to request amendments to their PHI. Requests to amend must be made in writing, clearly stating the requested amendment and the reason for the request. We will provide a written response within 60days. If unamended information had previously been provided to third parties we will undertake to advise any such person of the amendment. If the request is denied we will provide a written statement setting forth the basis for the denial.

11. Amendments Rights do not apply in the following circumstances:

- a. The information is not part of the patient file
- b. The information is accurate and complete
- c. The information was not created by us

12. We shall designate a person who shall be responsible for developing and implementing our HIPAA policies and procedure. This person shall also be responsible for training all staff in these policies and procedures. All employees will be required to sign an Employee Agreement Form acknowledging that they have been trained and that they understand their obligations. Employees infractions of HIPAA will result in termination of employment. Similarly, any third party vendor who has access to PHI will be required to acknowledge that they are HIPAA compliant in all services provided to our business.

13. Any patient who exercises his/her rights under HIPAA shall not be adversely treated by us. The staff is expressly prohibited from intimidating, threatening, coercing, discriminating, or retaliating against any patient who exercises their HIPAA rights.

14 Any patient wishing to appeal as determination or to file a complaint regarding HIPAA should contact the Secretary of DHHS within 180 days of the alleged violation. All personnel shall fully cooperate with any resulting investigation. Complaints are to be filed:

Office of Civil Rights
US department of Health and Human Services
200 Independence Ave, S.W.
Washington, DC 20201

Hotline 1-800-368-1019

Effective 3/19/2015

Elisa Hirsch-Cotter, M.S., L.Ac.
1181 North Ave •Beacon, NY 12508
845.926.6909•elisahirschcotter@gmail.com

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have read and understand the Notice of Privacy Practices and have therefore been advised of how my medical information may be used and disclosed by the office. I have been provided a copy of the office's Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)