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Notice of Privacy Practices for Protected Health Information

Effective Date: May 2014

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!

The office is permitted by federal privacy laws to make uses and disclosures of your protected health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Example of the use of your protected health information for the purpose of treatment:

- I obtain treatment information about you and record it in your health record.

Example of use of your protected health information for payment purposes:

I submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding health care given. I will provide information to them about you and the care given.

Example of use of your protected health information for health care operations:

I obtain services from my insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, legal services, and insurance. I will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your protected health information by delivering the request to my office – I am not required to grant the request, but I will comply with any request granted;
- Request a restriction on disclosures of your protected health information to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the protected health information pertains solely to a health care service for which the provider has been paid out of pocket in full—I must comply with this request;
- Obtain a paper copy of the current “Notice of Privacy Practices for Protected Health Information” by making a request at my office;
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to my office (there are some exceptions to what you can

view such as psychotherapy notes and pieces of information that may be considered harmful to you or others);

- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to my office. I may deny your request if you ask us to amend information that:
 - Was not created by me, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the office;
 - Is not part of the information that you would be permitted to inspect and copy; or,
 - Is accurate and complete.
- If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;
- Request that communication of your protected health information be made by alternative means or at an alternative location by delivering the request in writing to my office;
- Obtain an accounting of disclosures of your protected health information as required to be maintained by law by delivering a request to my office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to my office, except to the extent that action has already been taken.

If you want to exercise any of the above rights, please contact Soonie Kim, Ph.D. at (503) 449-6707 or 6420 SW Macadam Ste 390, Portland, OR 97239, in person or in writing, during regular, business hours. I will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to:

- Maintain the privacy of your protected health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information I collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if I cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate protected health information with you.

I reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If my information practices change, I will amend my Notice. You are entitled to receive a revised copy of our Notice by calling and requesting a copy of my Notice or by visiting my office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact me at (503) 449-6707. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at my office. You may also file a complaint by filling out the OCR Privacy Compliant Form Package found at www.orosha.org and turning it in via email to OCRMail@hhs.gov, faxing it to (206) 615-2297 or by mailing it to the regional office at 2201 Sixth Ave. M/S: RX-11 Seattle, WA 98121-1831.

I cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from my office. I also cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Disclosures and Uses

Communication with Family

Using my best judgment, I may disclose to a family member, other relative, close personal friend, or any other person you identify, protected health information relevant to that person's involvement in your care or in payment for such care if you do not object or are in an emergency.

Notification

Unless you object, I may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Research

I may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Disaster Relief

I may use and disclose your protected health information to assist in disaster relief efforts.

Workers Compensation

If you are seeking compensation through Workers Compensation, I may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health

As authorized by law, I may disclose your protected health information to public health or legal authorities charged with preventing injury, or disability; to report reactions to medications; to notify people of recalls.

Abuse & Neglect

I may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Employers

I may release protected health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, I will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions

If you are an inmate of a correctional institution, I may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of others.

Law Enforcement

I may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Health Oversight

Federal law allows me to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

I may disclose your protected health information in the course of any judicial or administrative proceedings as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

To avert a serious threat to health or safety, I may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions

I may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Other Uses

Other uses and disclosures, besides those identified in my Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in my Notice under "Your Health Information Rights."

Website

If I maintain a website that provides information about my practice, this Notice will be on the website.