

Privacy of Notice

This notice, and the accompanying Practice Regarding Disclosure of Health Information, describe how health information about you may be used and disclosed, and how you can get access to your health information.

This notice is to be given to all individuals receiving care. Please review this information carefully.

Understanding your health record:

A record is made each time you come to get treatment or consultation from Kit Yoon, L. Ac., the sole practitioner at Bexley Acupuncture. Your symptoms, the practitioner's judgment and a plan of services are recorded. This record forms the basis for planning your care and treatment/consultation at future visits, and also serves as a means of communication among other health professionals who may contribute to your care.

Understanding what information is retained in your record and how that information may be used will assist you to ensure it is accurate and make informed decisions about who, what, when, where and why others may be allowed access to your health information.

Understanding Your Health Information rights

Your health record is the physical property of Kit Yoon, L.Ac., but the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record, and to request the appropriate amendments be made to your health record.

You have the right to request restrictions, to authorize disclosure of the records to others and to be given an account of those disclosures. Other than activity that has already occur, you may revoke any further authorizations to use or disclose your health information.

Should we need to contact you, you have the right to request communication by alternate means or to alternate locations.

Our Responsibility

Kit Yoon, L.Ac. is required to maintain the privacy of your health information and to provide you with this notice of privacy of practices. We are required to follow the terms of this notice and to notify if we were unable to grant your request to disclose or restrict disclosure of your health information to others.

Kit Yoon, L.Ac. reserves the rights to change her practices and promises to make a good faith effort to notify you of any changes. Other than for the reason describe in this notice, Kit Yoon, L.Ac. agrees not to use or disclose your health information without your permission.

To receive additional information or report a problem, you may contact the Kit Yoon, L.Ac. directly.

If you believe your private rights have been violated, you have the right to file a complaint with us and/ or with the US Secretary of Health and Human Services. with no fear of retaliation by this office.

I have read and agreed to the Privacy of Notice written above:

Patient Signature: _____ Date: _____