

PRIVACY POLICY

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Introduction

The following is the privacy policy of Kate Pagliasotti, M.S., L.Ac. as set forth by the Health Insurance Portability and Accountability Act, known as HIPAA. HIPAA requires me by law to maintain the privacy of your personal health information and to provide you with notice of my legal responsibilities with respect to your personal health information. A copy of this policy is given to each person at their initial visit, but you may request another copy of this policy at any time. If any changes are made to this policy, an effort will be made to notify you of these changes. If any aspect of this policy is not acceptable to you, please notify me in writing at the above address. I will either honor your request, or notify you by mail as to why I am unable to grant your request.

Your Health Record

Your personal health information that is protected by law broadly includes any information – oral, written, or recorded that is created or received by certain health care entities, including health care providers as well as health insurance companies or plans. Each time you come for treatment, a record is made of your visit. Your symptoms, results of examinations, my judgements as a practitioner, the treatment given and any plans for future care are recorded. Your record also includes the intake form you filled out at the first visit, and any related information shared by any other health professionals contributing to your care.

Understanding Your Rights

Your health record is the physical property of your practitioner, however the information contained within belongs to you. Therefore, you have the right to:

- Review or obtain a copy of your health record with a written request, within 30 days.
- Request that amendments be made to your health record.
- Request restrictions on certain uses and disclosures of your information by notifying me in writing (I am not legally required to agree to your restriction request).
- Authorize disclosure of the record to others, and be given an account of those disclosures.
- Revoke any further authorizations to use or disclose your health record, other than those that have already occurred.
- Request communication from me by alternate means or to alternate locations.
- Request a paper copy of a notice originally sent by email.

Your Health and Personal Information Is Used To:

- Determine the best course of treatment for you. I may share the information with other practitioners involved in your care or with practitioners providing consultation for your treatment.
- Receive payment for services I have rendered. My office may send a bill by mail, fax or email to a third-party payer, such as an insurance company, with accompanying documentation that identifies you and your diagnosis.
- Monitor the quality of treatment you have received and compare your treatment outcome with others, for quality control and risk-management purposes.
- Communicate with family members or persons identified by you as responsible for your care, in order to assist them in providing for your wellbeing.
- Communicate with you during the course of your treatment. Messages may be left on answering machines or voice mail, or be sent via email. I may also communicate with you by mail, in order to send newsletters, notices, etc. If you prefer to be left off my mailing list, which is for my personal use only, please let me know. If you have a preference for the way I communicate with you, a written request is required.

Without Your Consent as Required by Law

I may use or disclose your personal health information to the extent that such use is required of me by law and the use or disclosure complies with and is limited to the relevant requirements of such law, i.e., public safety issues, disclosures involving victims of abuse or neglect, judicial proceedings, and other law enforcement purposes.

For Additional Information or Help

For further explanation of this policy, please contact me at the above phone number. If you believe your privacy rights have been violated, you have the right to file a complaint with this office or with the U.S. Secretary of Health and Human Services.