

NOTICE OF PRIVACY PRACTICES

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.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of our practice and staff. You can also obtain additional copies of this notice by calling Rachel King at 646-893-7615 or emailing info@rachel-king.com. Copies of this notice are also available by accessing our website at www.rachel-king.com.

What Information is Protected: We are committed to protecting the privacy of the information we gather about you while providing services. Some examples of protected health-related information are:

- Information indicating that you are a client of Rachel King or receiving services from us;
- Information about your health condition (such as a disease you may have)
- Information about health care products or services you have received or may receive in the future (such as an operation)
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered);

When combined with:

- Demographic information (such as your name, address, or insurance status);
 - Unique numbers that may identify you (such as your social security number or your phone number);
 - Other types of information that may identify who you are.

Requirement for Written Authorization: We will generally obtain written authorization before using your health information or sharing it outside of our practice. You may also initiate the transfer of your records by sending an email to Rachel King. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent we have already relied on it. All revocations of written authorization must be sent in writing to the above address. Email revocations are not valid.

Exceptions to Written Authorization Requirement: There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

• **Exception For Treatment, Payment, And Business Operations.** We may use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. In some cases, we also may disclose your health information to another health care provider or payor for its payment activities and certain of its business operations.

• **Exception For Patient Directory And Disclosure To Family And Friends Involved In Your Care.** We may include information about you in our Patient Directory or share your health information with family and friends involved in your care. Although we are not required to obtain your written authorization, we will ask you whether you have any objection to the use or disclosure of your health information in this way.

• **Exception For Public Need.** We may use or disclose your health information in certain situations to comply with the law or to meet important public needs. For example, we may share your information with

Rachel King, IBCLC

Phone: 646-893-7615

Email: info@rachel-king.com

public health officials at the New York state or city health departments who are authorized to investigate and control the spread of diseases.

• **Exception If Information Is Completely Or Partially De-Identified.** We may use or disclose your health information if we have removed any information that might identify you so that the health information is “completely de-identified.” We may also use and disclose “partially de-identified” information if the person who will receive the information agrees in writing to protect the privacy of the information.

How To Access Your Health Information. You generally have the right to inspect and copy your health information.

How To Correct Your Health Information. You have the right to request that we amend your health information if you believe it is inaccurate or incomplete.

How To Identify Others Who Have Received Your Health Information. You have the right to receive an “accounting of disclosures,” which identifies certain persons or organizations to whom we have disclosed your health information in accordance with the protections described in this Notice of Privacy Practices. Many routine disclosures we make will not be included in this accounting, but the accounting will identify many non routine disclosures of your information.

How To Request Additional Privacy Protections. You have the right to request further restrictions on the way we use your health information or share it with others. We are not required to agree to the restriction you request, but if we do, we will be bound by our agreement.

How To Request More Confidential Communications. You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of at work. We will try to accommodate all reasonable requests.

How Someone May Act On Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

How To Learn About Special Protections For HIV, Alcohol and Substance Abuse, Mental Health And Genetic Information. Special privacy protections apply to HIV related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided with a separate notice explaining how the privacy of the information will be protected.

How To Obtain A Copy Of This Notice. You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please email Rachel King at info@rachel-king.com. You may also obtain a copy of this notice from our website at www.rachel-king.com, or by requesting a copy at your next visit.

How To Obtain A Copy Of Revised Notice. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information. You will also be able to obtain your own copy of the revised notice by accessing our website at www.rachel-king.com, emailing Rachel King at info@rachel-king.com, or asking for one at the time of your next visit. The effective date of the notice will always be

Rachel King, IBCLC

Phone: 646-893-7615

Email: info@rachel-king.com

noted in the top right corner of the first page. We are required to abide by the terms of the notice that is currently in effect.

How To File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Rachel King at info@rachel-king.com. No one will retaliate or take action against you for filing a complaint. By signing Rachel King, IBCLC's intake form, you acknowledge that you have been offered a copy of Rachel King's current Notice of Privacy Practice and that you agree to the terms and conditions stated therein.