

HIPPA/Notice of Privacy Practices  
隐私保密通知

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Privacy Officer: Ken Cui  
Effective Date: 04/14/2003  
负责人: 崔淳瑜  
有效日期: 04/14/2003

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.

此公告描述了您医疗信息的使用和披露，以及您如果可以得到这些信息。请仔细阅读。

We understand your medical information is private and we strive to protect the confidentiality of your medical records. The new federal regulations require that we issue this notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information. Our office is required to abide by the terms of the Notice of Privacy Practices currently in effect and to provide notice of its legal duties and privacy practices with respect to the protected health information.

我们了解您的医疗信息是隐私的，我们将努力维护您医疗记录的保密性。新的联邦法规要求我们发出这项隐私通知。您有保密医疗信息的权利，法律规定我们保持信息的隐秘。我们办公室必须遵守隐私条例，即时生效，并提供此项公告以保护医疗信息。

Prior to making important changes to our privacy practices, we will make available on request a revised Notice of Privacy Practices.

在对隐私条例做出重要变化之前，我们将在条例中做出修订通知。

This notice will be followed by any health care professional authorized to enter information in your medical record. All employees, staff and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates, sites and location of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be used.

任何专业医疗人员将由此公告授权阅读您的医疗记录。所有的工作人员都将遵守本通知才可得到您的信息。所有的附属公司，业务伙伴，网站都可能互相分享彼此的医疗信息以便治疗，付款用途或者本通知所述的保健业务的医疗信息。除非治疗需要，只有最低限度的必要信息将被使用。

### **How we may use and disclose medical information about you 我们如何使用和披露您的医疗信息**

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not all possible uses or disclosures are listed.

以下类别描述了我们在没有您的具体同意或授权的情况下使用和披露您的医疗信息。每一项都将附有例子。并非所有的都列入其中。

**For Treatment:** We may use and disclose medical information about you to provide you with acupuncture and natural herbs. Example: In treating you for a specific condition, we may need to know if you have any disc problems that could influence which acupuncture points we chose for treatment purpose.

**治疗:** 针灸或开药时，我们会使用您的医疗信息。例如：在特别情况下，我们需要知道您是否有椎间盘问题，这可能会影响我们进针的位置。

**For Payment:** We may use and disclose medical information about you so that treatment and services you receive from us may be billed and payment may be collected from your insurance, third party or you. Example: We may need to send your protected health information, such as your name, address, office visit date and codes identifying your diagnosis and treatment to your insurance company for payment.

**付款:** 收费时或申报保险公司时我们需要使用您的医疗信息。例如：我们可能需要向保险公司递交您的健康信息，如您的姓名，地址，治疗日期和您的诊断和治疗。

**Health Care Operations:** We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

**医疗护理操作:** 为确保您得到优质的医护服务, 我们可能会在实施医疗护理操作时使用您的医疗信息。例如: 在检讨我们的治疗和服务, 并为照顾您的工作人员进行评估时我们会使用您的医疗信息。

**Other uses or disclosures that can be made without consent or authorization:**

- As required during an investigation by law enforcement agencies.
- To avert a serious threat to public health and safety.
- As required by military command authorities for their medical records.
- To worker's compensation or similar programs for processing of claims.
- In response to legal proceeding.
- To a coroner or medical examiner for identification of body.
- To an inmate, to the correctional institution or law enforcement official.
- As required by the US Food and Drug Administration (FDA).
- Other healthcare providers' treatment activities.
- Other covered entities' healthcare operations activities (to the extent permitted under HIPAA).
- Uses and disclosures required by law.
- Uses and disclosures in domestic violence or neglect situations.
- Health Oversight activities.
- Other public health activities.
- We may contact you to provide appointment reminders of information about treatment alternatives or other health related benefits and services that may be of interest to you.

**其他用途**

- 执法机构调查需要
- 为了避免对公众健康和安全的严重威胁
- 军事指挥机关要求医疗记录
- 工伤或类似的情况
- 法律程序
- 死因裁判或法医鉴定使用
- 惩戒机构或执法人员使用

- 美国食品药品监督管理局（FDA）使用
- 其他医疗机构的诊疗使用
- 其他医疗保健业务使用（HIPAA 允许范围之内）
- 法律要求
- 在家庭暴力或渎职的情况之下
- 卫生监督
- 其他公共卫生活动
- 我们会提醒您预约时间，并介绍多种治疗信息和其他一些您可能感兴趣的有关保健的福利服务。

### **Uses and disclosure of protected health information requiring your written authorization** **使用您的健康信息需要您的书面授权**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your authorization, and that we are required to retain our records of the care we have provided you.

其他不包括在此通知内的用途将不涵盖在此通知内，无法律效应，除非有您的书面授权。如果您提供给我们书面授权，您可以在任何时候以书面形式撤销。如果您撤销您的授权，我们将为您书面授权所包含的理由而不再使用或披露您的医疗信息。请了解我们无法将已经披露的信息收回。我们必须保留您的治疗记录。

### **Your Individual Right Regarding Your Medical Information** **有关您医疗信息的个人权利**

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

**投诉:** 如果您认为您的个人隐私权受到了侵犯时，您可以与办公室负责人或者健康人事部门秘书处一同上表投诉。所有的投诉必须是书面形式。您不会因为投诉而受到惩罚或歧视。

**Right to request Restrictions:** You have the right to request a restriction or limitation on the medical information we used or disclose about you for your treatment, payment of health care operations or to someone who is involved with or in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions you must submit your request in writing to the Privacy Officer at this office. In your request, you must tell us what information you want limited.

**有权要求限制:**您有权力要求对您医疗信息的使用和披露。没有要求我们一定要同意您得要求。如果我们同意,我们将满足您的要求,除非在紧急治疗中。您须向负责人递交书面要求。在申请时,您必须告知我们将对哪些内容进行限制。

**Right to request Confidential Communications:** You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent. To request confidential communications, you must make your request to the Privacy Officer at this office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable demand on the practice.

**有权要求保密通信:**您有权力要求我们发送您医疗信息的方式和地址。如有相关要求,请向负责人递交申请。您不需告知请求的理由。我们将满足所有合理的要求。您需提供联系的方式和地址。如果您得要求不合理,我们有权拒绝请求。

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes; information compiled for use in a civil, criminal or administrative action or proceeding and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this office. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstance. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by this office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the

review.

**查阅和复印的权力：**您有权力查阅和复印您的医疗信息。通常包括医疗和付费记录，但不包括心理治疗笔记和法律所禁止的民事、刑事或行政行动或法律程序和保护的健康信息。如您要查阅和复印您的医疗信息，您不需向负责人递交一份书面申请书。我们也将保留复印、邮寄或其他途径所需的收费权力。我们可能会在某些非常有限情况下拒绝您得请求。如果您被拒绝，您可以请求进行审查。我们办公室将会有另外一个专业人士审查您得请求。此专业人员将不会是曾拒绝过您请求的负责人。我们将遵从结果。

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please request one in writing from the Privacy Officer at this office.

**本通告的纸质复印件：**您任何时候都有对本通告进行纸质复印的权力。即使您已同意以电子的方式接收此通告，您仍有权要一份文件副本。要过的一份公告的纸张副本，请向负责人递交一份书面要求。

**Right to Amend:** If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at this office. In addition you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information was not created by us, is not part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

**修改权：**如果您觉得您的医疗信息不正确或者不完整，您可以告知我们对此进行修改。您有权力在信息保管期内进行修改。如您要对信息进行修改，您须向负责人递交一份书面申请。另外，您需要提供修改的原因以支持您得请求。如果申请不是以书面的形式或者没有一份合理的理由，我们可能会拒绝您修正案的要求。如果信息不是始于我们的，不是这项医疗信息或者您查阅或复印资料的一部分，我们也有

可能拒绝您的申请。如果我们拒绝了您的要求，您有权力发表分歧声明文件。我们可能会反驳您的发言，并会为您提供任何相关的反驳副本。分歧声明和任何相关的文件会保留在档案中，并将和部分与您有关的资料一同发送。

**Changes to This Notice:** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice, with the effective date in the upper left corner of the first page.

**本公告的变化：**我们保留更改本公告的权力。我们保留对您得医疗信息作出修订或更改的权力。我们将在第一页的左上角与生效日期一同发布当前通知的副本。