

North Shore Chinese Medicine (NSCM)

HIPAA Privacy & Communication Patient Information

Your privacy is a cornerstone of the trust required for effective acupuncture care. Although North Shore Chinese Medicine (NSCM) is a solo, private-pay practice and is not a covered entity under federal HIPAA rules (because NSCM does not bill insurance or transmit health data electronically for payment), NSCM chooses to uphold high standards of privacy based on Illinois law and professional ethics.

How NSCM Protects Your Information

- **Physical Security:** All medical files, treatment notes, and sensitive records are kept in a secured file location.
- **Limited Access:** Only NSCM has access to your record.
- **No Third-Party Sharing:** NSCM does not sell your data or share it with insurance companies, employers, or third parties.

Your Rights

Under Illinois Law, the Illinois Acupuncture Practice Act, and state privacy laws, you have the right to:

1. **Inspect and Copy:** You may request a copy of your records at any time with a written request. Records will be available within 30 days of the written request.
2. **Amend:** You may request a correction to your records if you believe they are inaccurate.
3. **Communication Choice:** You may choose how NSCM contacts you (phone, unencrypted email, or unencrypted text).
4. **Privacy:** You may expect that your health information, remains confidential within this practice.

North Shore Chinese Medicine

HIPAA Privacy & Communication Consent

1. **Disclosure of Status:** I understand that North Shore Chinese Medicine (NSCM) is a private-pay practice and does not participate in electronic insurance transactions. NSCM is therefore not a covered entity under federal HIPAA regulations. NSCM maintains my records in accordance with the Illinois Acupuncture Practice Act and the Illinois Personal Information Protection Act (PIPA).

2. **Use of Information:** I authorize NSCM to use my health information (symptoms, history, and treatment notes) solely for the purpose of providing acupuncture and East Asian medical care. My information will not be disclosed to any third party for payment to NSCM.

3. **Informed Consent for Non-Secure Communication (Voicemail, Text & Email):** I understand that standard voicemail, email and text messaging are not secure and carry a risk that my health information could be intercepted by third parties. I voluntarily request and authorize the following methods:

- Voicemail messages to Phone # _____
- Text Messaging to Phone # _____
- Email to Email address: _____

4. **Acknowledgment of Risks:** I acknowledge that I have received the "HIPAA Privacy & Communication Consent." I understand I have the right to revoke this consent for electronic communication at any time. I understand that my revocation will not apply to information already shared while this consent was in effect. I agree that NSCM is not responsible for unauthorized access to my health information sent via the nonsecure methods I have selected above.

Patient Signature: _____

Date: _____

Printed Name: _____