

UNIVERSITY OF HEALTH AND SPIRITUAL SCIENCES INTL INTGR AUX 20
HOLOSYNDESIS CLINICAL RESEARCH
UHSS American Indian Clinical Research Campus / Holosyndesis Clinical Research

Notice of Privacy Practices

To our patients – This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy – Our practice is dedicated to maintaining the privacy of your health information. HCR realizes that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances:

Your authorization – Except as outlined below, we will not use or disclose your Protected Health Information here once, PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing, except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

HCR must obtain your authorization to disclose physiotherapy notes, marketing disclosures and sale of PHI.

HCR must notify you in case of a breach of unsecured PHI.

Uses and Disclosures for Payment – We may make requests, uses and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a healthcare provider or a health plan.

Uses and Disclosures for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of healthcare operations include activities relating to the creation, renewal or replacement of your health insurance coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance.

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

Business Associates – At times we use outside persons or organizations to help us provide you with the best service available. Examples of these outside persons and organizations might include vendors that help us process your claims. It may be necessary for us to provide certain parts of your PHI to one or more of these outside persons or organizations.

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Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communication to you about your health and health-related products we have available to you.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order
- We may disclose your PHI for any public health activities, such as reporting of disease, injury, birth and death, and for public health investigations
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect. We may also disclose your PHI if we believe you to be a victim of abuse, neglect or domestic violence
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations or civil or criminal proceedings
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request)
- We may disclose your PHI to the proper authorities for law enforcement purposes
- We may disclose your PHI to coroners, medical examiners and/or funeral directors consistent with law
- We may use or disclose your PHI for cadaveric organ, eye, or tissue donation
- We may use or disclose PHI for research purposes, but only as permitted by law
- We may use or disclose PHI to avert a serious threat to health or safety
- We may use or disclose your PHI if you are a member of the military, as required by armed forces services and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination
- We will, if required by law, release your PHI to the Secretary of the Dept. of Health and Human Services for enforcement of HIPAA

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

Your rights regarding your health information:

1. Right to Request Restrictions: You have the right to request disclosure restrictions of PHI health plan with respect to healthcare for which you have paid out of pocket in full where not elsewhere restricted by law.
2. HCR is required by law to provide to you a notification of all demonstrated breaches of your PHI.

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3. Communications: You can request that HCR communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that HCR contact you at home, rather than work. HCR will accommodate reasonable requests.
4. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that HCR restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. HCR is not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
5. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Official, Kristin Kasabucki. You must provide us with a reason that supports your request for the amendment.
6. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Official, Kristin Kasabucki. You must provide us with a reason that supports your request for the amendment.
7. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact our Privacy Official, Kristin Kasabucki.
8. Right to file a complaint – If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Regional Office for Civil Rights, US Dept. of Health and Human Services. Regional Office information may be found online at www.hhs.gov/ocr/office/about/rgn-hqaddresses.html or ask the Privacy Official for the information. To file a complaint with our practice, contact our Privacy Official, Kristin Kasabucki. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
9. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

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Individuals' Right under HIPAA to Access their Health Information 45 CFR § 164.524

Effective January 23, 2020

General Right

The Privacy Rule generally requires HIPAA covered entities (health plans and most health care providers) to provide individuals, upon request, with access to the Protected Health Information (PHI) about them in one or more "designated record sets" maintained by or for the covered entity. This includes the right to inspect or obtain a copy, or both, of the PHI, as well as to direct the covered entity to transmit a copy to a designated person or entity of the individual's choice. Individuals have a right to access this PHI for as long as the information is maintained by a covered entity, or by a business associate on behalf of a covered entity, regardless of the date the information was created; whether the information is maintained in paper or electronic systems onsite, remotely, or is archived; or where the PHI originated (e.g., whether the covered entity, another provider, the patient, etc.).

Information Included in the Right of Access: The "Designated Record Set"

In accordance with the standards of implementation specifications of 45 C.F.R. § 164.524, Provider may grant an individual access to inspect and obtain a copy of protected health information about the individual in a designated record set.

UHSS / Holosyndesis Clinical Research policy:

Individuals have a right to access PHI in a "designated record set." A "designated record set" is defined at 45 CFR 164.501 as a group of records maintained by or for a covered entity that comprises the:

- Medical records and billing records about individuals maintained by or for a covered health care provider;
- Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- Other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. This last category includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access.

The term "record" means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a covered entity.

Thus, individuals have a right to a broad array of health information about themselves maintained by or for covered entities, including medical records; billing and payment records; insurance information; clinical laboratory test results; medical images, such as X-rays; wellness and disease management program files; and clinical case notes; among other information used to make decisions about individuals. In responding to a request

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for access, a covered entity is not, however, required to create new information, such as explanatory materials or analyses, that does not already exist in the designated record set.

Information Excluded from the Right of Access

An individual does not have a right to access PHI that is not part of a designated record set because the information is not used to make decisions about individuals. This may include certain quality assessment or improvement records, patient safety activity records, or business planning, development, and management records that are used for business decisions more generally rather than to make decisions about individuals. For example, a hospital's peer review files or practitioner or provider performance evaluations, or a health plan's quality control records that are used to improve customer service or formulary development records, may be generated from and include an individual's PHI but might not be in the covered entity's designated record set and subject to access by the individual.

In addition, two categories of information are expressly excluded from the right of access:

- Psychotherapy notes, which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session, that are maintained separately from the rest of the patient's medical record. See 45 CFR 164.524(a)(1)(i) and 164.501.
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. See 45 CFR 164.524(a)(1)(ii).

However, the underlying PHI from the individual's medical or payment records or other records used to generate the above types of excluded records or information remains part of the designated record set and subject to access by the individual.

UHSS/HCR also uses protected health information for the following reasons: Marketing; internal referral board, testimonials, pictures on bulletin board, sending newsletters or information unrelated to healthcare and other marketing materials. **You have the right to “opt out” of this authorization.** Special initial authorization is required and attached.

Should you have any questions, you can reach UHSS / HCR Privacy Official at:
Kristin Kasabucki
12 N. Main Street, Suite 30
W Hartford CT, 06107
862-561-2286

Intl _____



Holosyndesis International

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Hours Available: A message may be left for our Privacy Official any time the clinic is open and your call will be returned within 7 business days.

Notice of Privacy Practices Acknowledgement Initial Uses Authorization Form

Effective August 2025

By signing this form, you acknowledge that you were presented with a copy of the Notice of Privacy Practices of **UHSS/HCR**. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. The most current Notice of Privacy Practices will be placed on display in the office at all times. You may obtain additional copies of our most current noticed by requesting it from our privacy official, **Kristin Kasabucki**.

UHSS/HCR also uses protected health information for the following reasons: Special initial authorization is required and attached. Marketing; internal referral board, testimonials, pictures on bulletin board, sending newsletters or information unrelated to healthcare and other marketing materials (*you may opt out of this authorization*)

Intl

If you have any questions regarding this notice or our health information privacy policies, please contact [Kristin Kasabucki](#), 12 N. Main Street, Suite 30, W Hartford CT, 06107 860-561-2286

Hours Available: A message may be left for our Privacy Official any time the clinic is open and your call will be returned within 7 business days.

Your email address: (You may receive PHI via email)

Print Patient Name: _____

Signature Patient/Personal Representative:

Relationship of Personal Representative: _____

Date of Signature:

Date of signature: _____

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STAFF: Complete only if NO signature is obtained. If it is not possible to obtain the patient's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reasons why the acknowledgment was not obtained.

Patient refused to sign this acknowledgment even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.

Other _____

Staff Signature _____ Date _____

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