

Life Balance Acupuncture Clinic

Acupuncture, Herbal Medicine, Shiatsu

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HIPPA Privacy Policy

The Privacy Policy Notice describes how the practitioner may use and disclose your Protected Health Information to carry out treatment, payment, health care operations, or for other purposes that are required by law. "Protected Health Information" is information about you, demographic information that may identify you, and that relates to your past, present or future physical or mental health or condition, and other health care services. Uses and disclosures of Protected Health Information are based on your written consent which means you will be asked to sign this form to indicate your consent, and that you fully understood its contents. Please read this form carefully. If you have any questions about this Privacy Policy Notice the practitioner will be happy to answer them.

Medical records, confidentiality and patient privacy policies

I understand that any information about my health conditions, and the treatments I receive, is private. The practitioner is keeping all medical records/information confidential according to HIPAA Privacy Regulations. This means all collected health information by the practitioner or other health care provider is protected.

The practitioner will share your Protected Health Information with third parties 'business associates' such as billing services. In this case the practitioner and the business associate will have a written contract that regulates the privacy of your health information.

I understand that the clinic may use my Protected Health Information for the purpose of treatment, and payments.

I understand that it may be disclosed to other health care providers only with your written and signed consent.

The practitioner may disclose your Protected Health Information in following instances:

Group acupuncture: In group acupuncture settings other patients may overhear me and see my treatment. By signing this form I acknowledge that in such a setting my Protected Health Information may be disclosed.

Emergencies: The clinic may use or disclose your Protected Health information to family, friends and other health care providers in case of an emergency to the extent necessary to help your health care. The practitioner shall try to obtain your consent in the emergency situation, however, if this is not possible, he/she still may use your Protected Health Information to guarantee adequate treatment.

Reminder calls: The clinic may contact you to provide reminders about appointments, herbal prescriptions or other health related services. You may request not to have the clinic contact you.

Disclosure to the U.S.Department of Health and Human Services: When the U.S.Department of Health and Human Services is investigating or determining compliance with the Federal Privacy Regulations, the practitioner is required to disclose your protected health information to it.

Food and Drug Administration: The practitioner may disclose your Protected Health Information to the Food and Drug Administration in the event of product recalls, or reporting adverse events due to quality problems with a product.

Agencies that are authorized to conduct audits, inspections or investigations may require the disclosure of your Protected Health Information.

Communicable diseases: The practitioner may disclose your Protected Health Information to the authorized authorities if you may have been exposed to a communicable disease, or be in danger to be spreading such a disease.

Abuse and neglect: The practitioner may disclose your Protected Health Information to a public authority that is authorized by law to receive reports of child abuse or neglect. In addition, I may disclose your protected health information if I believe you may be a victim of abuse, neglect, domestic violence or other crimes. The disclosure will be made in accordance with requirements of applicable federal and state laws.

Law enforcement: The practitioner may disclose your Protected Health Information to law enforcement agencies in response to a court order, subpoena, criminal investigations or other administrative order. Disclosure is also necessary when a health condition is a threat to your own health and safety or to the health and safety of another person.

Military Activity and National Security: The practitioner may disclose your Protected Health Information to the Department of Veterans Affairs for the purpose of determination of your eligibility for benefits, also to authorized Federal officials for conducting national security and intelligence services.

Your rights:

I understand that I have the right to request a restriction of how my Protected Health Information is used and disclosed regarding treatment, billing and payment and other health care operations in this clinic as well as disclosure to family members or other persons that are involved with your health care. Requests must be made in writing and include: 1) state what specific restriction regarding the disclosure of your Protected Health Information is wished for and 2) to whom you want the restriction to apply. Sign and date your request. The practitioner is not required to agree to the requested restrictions, however, the restrictions will be binding to the practitioner.

I understand that I have the right to look at or to obtain a copy of my Protected Health Information. Requests have to be made in writing. The clinic may charge a minimal fee for the copies.

Patient

Practitioner

Print _____

Print _____

Date _____

Date _____

