

# Notice of Privacy Practices

Each time you receive a treatment program at our clinic, a record is made. Typically, this record contains your symptoms, examination observations, test results, diagnosis, treatment, and future care/treatment plans. Understanding your health information and how it is used helps to ensure that it is accurate, used and disclosed appropriately, and that you make informed decisions when authorizing disclosures to others.

Per HIPAA (*Health Insurance Portability & Accountability Act*) guidelines, all clinics are required to provide patients with their privacy practices. This describes how medical information about you may be used and disclosed and how you can get access to this information.

No information about your condition will be given to employers, friends, or relatives without your permission (except if required by a court of law). We want you to fully understand your condition and your treatment. If you do not understand something, please feel free to ask questions. Also, your suggestions or complaints are important to us because we are interested in ways that we might improve our services.

**By my signature below, I acknowledge** (please check only one):

- I have been notified of the availability of the *Privacy Practices*, but decline a copy at this time, knowing it will be provided to me if requested.
- I would like to receive a full copy of the *Privacy Practices*.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

**Furthermore,**

**I authorize the Acupuncturist and/or office staff permission to discuss my health condition with the designated individual(s) below (i.e. guardian, spouse, etc. ) who may request/need to be informed about my condition.**

- Yes       No

**Name(s) of allowed individual(s):** \_\_\_\_\_