



Marian Blum
ACUPUNCTURE

NOTICE OF PRIVACY PRACTICES

Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information. We may use your health information for treating you, billing for services, and conducting our normal healthcare operations. Examples of how we use information include:

Treatment: We keep records of the care and services provided you. Health care providers use these records to deliver quality care to meet your needs.

Payment: We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party. We may also contact your insurance company to verify your coverage.

Health Care Operations: We use your health information to improve the quality of care, train staff, provide customer service, manage costs and conduct required business duties.

There are limited situations when we are permitted or required to disclose health information without your signed authorizations. These situations include:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drug problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- When otherwise required by law.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners and funeral directors.
- To reduce and prevent a serious threat to public health and safety.
- For other limited situations, see the full copy of our Notice of Privacy Practices.

You have the right to make requests in writing through our Privacy Officer. They are:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restrictions.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances we may deny you access to some portion of your health information and you may request a review of the denial.
- Request amendments or additions to your health record.
- Request an accounting of certain disclosures of your health information made by us.

This notice summarizes our Privacy Practices. If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, contact Marian Blum, LAc, our Privacy Officer. We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. We are required by law to have you sign an acknowledgement of receipt of the Notice of Privacy Practices.

By signing below, I acknowledge receipt of this Notice of Privacy Practices and I have had the opportunity to review it. I have also been offered a copy of the Notice to take with me.

Printed name _____ Birthdate _____

Signature _____ Today's date _____