HIMA · ACUPUNCTURE

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Notice of Privacy Practices (HIPAA Notice)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW.

Patient Name: _____ Patient D.O.B: _____ Date: _____

I _____ understand that, under The Health Insurance Portability Accountability Act (HIPAA) of 1996, I have certain rights to privacy in regards to my protected health information (PHI). My PHI broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, as well as, health insurance plans and is protected by law.

HIPAA requires my medical provider by law to maintain the privacy of my PHI and to provide me with notice of legal duties and privacy policies with respect to my PHI. I am required by law to abide by the terms of this Privacy Notice. I understand that PHI is collected from me through treatment, payment, the application and enrollment process, and/or healthcare providers, health plans, and through other means, as applicable.

A health care provider or health plan may send copies of my records to another provider or health plan as needed for treatment by my authorization. The law specifically protects data, such as my name, address, social security number, and other data that could be used to identify me as the individual patient who is associated with that health information.

I understand that generally, my PHI will not be disclosed without my permission. However, without my consent, I acknowledge that my information maybe used to the extent of requirement by law.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Policy at any time.

I have received, read, understood and consent to The Notice of Privacy Policy.

Patient Signature: _____

Email Consent

New regulations require that anyone using email to communicate with healthcare providers understand and agree to certain conditions and limitations.

1. The transmission of patient information via email has a number of risks including but not limited to: email is not secure; email can be intercepted, misaddressed, altered, forwarded, or used without authorization or detection; email may be circulated, forwarded and stored in paper and electronic files even after the sender or recipient has deleted his or her copy.
2. This office will use all reasonable means to protect the security of the email, however we cannot guarantee email confidentially. Hima Acupuncture is not liable for improper disclosures unless they are caused by the Practice's intentional misconduct.

I have read and understand the email disclaimer and give consent to Hima Acupuncture to correspond with me via email, if necessary**.**

Patient Signature: _____