

Clear Choice Acupuncture and Wellness

213 N Thompson St., Conroe, Texas 77301
936-689-6975

Notice of Privacy Policies

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can access this information and how your privacy is being protected.

We want you to know about the Federal law which protects the confidentiality of your health information. This law is called the Health Insurance Portability and Accountability Act or HIPPA for short. What is your "Protected Health Information"? It is any information about you which can be used to identify you: this includes health records, name, telephone number, address, and dates.

How Your Health Information May Be Used

- We will use and communicate your health information only for the purposes of providing treatment, obtaining payment, and conducting clinic operations. Your health information will not be used for other purposes unless we have asked and been voluntarily given your written permission.
- We may use your health information with referring physicians, and other health care practitioners providing you treatment.
- Patient reminders such as emails, telephone calls, postcards, and letters may be used as we believe regular care is an important part of maintaining health. (You may tell us that you do not wish to receive these types of reminders.)
- We will notify government authorities if we believe a patient is the "victim" or "perpetrator" of abuse, neglect, or domestic violence. We will make this disclosure only when compelled by our ethical judgment, when we believe we are specifically required or authorized by law, or with the patient's agreement.
- We may be required to disclose to government officials health information necessary to complete any investigation related to public health and/or national security.

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Patient Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. We will make every reasonable effort to honor reasonable restriction preferences from our patients.
- You have the right to request that we communicate with you in a particular way. We will make every reasonable effort to honor your requests for confidential communication.
- You have the right to ask us to update or modify your records if you believe your health information is incorrect or incomplete. We will accommodate you as long as our office maintains this information. Please provide this request in writing and describe your reason for the change. Your request will be denied if the health information record in question was not created by our office, is not part of our records, or if the records in question are determined to be accurate and complete.
- You have the right to ask us for a description of how and where your health information was used by our office for any reason other than treatment, payment, or health operations. We may charge a reasonable fee for this request.
- You have the right to obtain a copy of this Notice of Privacy Policies directly from our office at any time. We are required by law to maintain the privacy of your health information and to provide you with this Notice of Privacy Policies. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised notice.
- You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information, and please let us know of these concerns in writing.

This is a plain-language, brief explanation of your privacy rights and our general policy regarding medical records. Please feel free to look up the full language of the law. The federal law regarding your medical records is called the FEDERAL HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPAA). The United States government has an excellent general information site regarding this law:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

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HIPPA Acknowledgement and Appointment Reminders Form

I acknowledge that I have been provided access to Clear Choice Acupuncture and Wellness's "Notice of Privacy Policies". I understand that I have the right to review this policy prior to signing this document.

I understand that Clear Choice Acupuncture and Wellness members may need to contact me with appointment reminders or information related to my treatments. If this contact is to be made by phone, and I am not available, a message will be left on my answering machine or with anyone who answers the phone.

Information stripped of any personal identifiers may also be used for research and educational purposes by this organization. By signing this form, I am giving Clear Choice Acupuncture and Wellness authorization to contact me with these reminders and to utilize my information for research and educational purposes.

Print Patient Name

Date

Patient/Guardian Signature

Authorization for Release of Health Information (Optional)

I, _____, hereby authorize Clear Choice Acupuncture and Wellness to the use or disclosure of my individually identifiable health information to the party(s) described below. I understand this authorization is voluntary. I understand if the party(s) authorized to receive my information is/are not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. Persons/Organizations authorized to receive information: (please print)

Print Patient Name

Date

Patient/Guardian Signature