

Our Clinic Protects Your Health Information and Privacy-HIPPA

Dear Valued Patient,

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

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize.

Safeguards in place at our office include:

- *Limited access to facilities where information is stored.*
- *Policies and procedures for handling information.*
- *Requirements for third parties to contractually comply with privacy laws.*
- *All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.*

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information.

- *About your financial transactions with us (billing transactions).*
- *From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.*
- *From health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).*

In certain states, you may be able to access and correct personal information we have collected about you, (information that can identify you - e.g. your name, address, Social Security number, etc.).

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at 832-631-6045.

Sincerely,

Acupuncture, Massage & Wellness

9595 Six Pines, Bldg 8, Level 2
The Woodlands, TX 77380

Nicolle Zultowski, L.Ac, LMT
Spirit Walk

Acupuncture, Massage & Wellness

PATIENT CONSENT TO USE OR DISCLOSE PERSONAL HEALTH INFORMATION-HIPPA

I understand I have the right to review Spirit Walk's Notice of Privacy Practice prior to signing this document. The Notice of Privacy Practices has been provided to me _____.

The Notice of Privacy Practice describes the types of uses and disclosures of my protected health information (PHI) that will occur in my treatment, payment of my bills or in the performance of healthcare operations of the agency. My "protected health information" means health information, including my demographic information (name, address, phone number and others) that is collected from me and created or received by my healthcare providers or health insurer. This PHI relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me. The Notice also describes other potential releases of me PHI that may occur with or without my authorization and my rights regarding my health information.

Spirit Walk reserves the right to change the privacy practices that are described in the Notice. Spirit Walk will provide me with a copy of any revisions to the Notice. The Notice is posted in Spirit Walk's clinic area. I may obtain a revised Notice by calling the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next visit.

I understand that I have the right to request restrictions on how PHI is used or disclosed to carry out treatment, payment or the agency's healthcare operations. Spirit Walk is not required to agree to the requested restrictions, however, if there is agreement, the restrictions are binding on Spirit Walk until the agreement is terminated.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and healthcare operations and acknowledge receipt of our Notice of Privacy Practices.

Print Client or Personal
Representative Name

Client Personal Representative Signature

Date

Description of Authority of Personal Representative