



HEAVEN | EARTH | HUMANITY

NOTICE OF PRIVACY PRACTICES

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 and, or with other medical practitioners. We will obtain your authorization before disclosing any information.

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, worker's comp and your employer, and other third party administrators (e.g. requests for medical records, claim payment information).

My signature below indicates that a written copy of the SAHM ACUPUNCTURE CENTER Notice of Privacy Practices was provided to me. I have also been informed that if I require additional information about this notice I may call the SAHM ACUPUNCTURE CENTER.

Patient Name :	
Patient Signature:	Date: