

NOTICE OF PRIVACY RULES

Our office is dedicated to providing service with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

We gather personal information and health information in several ways:

- Information we receive
- Information we receive from other healthcare providers
- Information we receive from third party payers.

This information is used for treatment, payment and healthcare operations. You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for the treatment, payment and healthcare operations.

You may specifically authorize us to use protected health information for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representation you choose to have your protected health information.

Marketing

This office will not use your health information for marketing communications without your written authorization. This office may send birthday cards, newsletters, and appointment reminder by calls, post cards or letters.

Disclosure

This office may use or disclose your Protected Health Information when required by law.

Patient Rights

1. Upon written request you the right to access, review or receive copies of your healthcare records
2. Upon written request you have the right to receive a list of items this office disclosed about your healthcare information
3. You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information
4. You have the right to request that we amend your Protected Health Information; the request must be made in writing
5. You have a right to receive all notices in writing.

If you have questions, complaints or want more information contact this office.

Contact Rachel Rizzi – Great Spring Acupuncture, LLC
Telephone 215-559-4655
Address 455 Pennsylvania Ave, Suite 290, Fort Washington, PA 19034
Send a written complaint to the U.S. Department of Health and Human Services.
DHHS (Office of Civil Rights)
200 Independence Ave S.W., Room 509 HHH Building
Washington, D.C. 20201

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES

I, _____, have read, reviewed, understand and agree to the statement of the Privacy Policy for healthcare services in this office.

This practice has attempted to provide each patient with a statement of Privacy Policies.

Patient's Signature _____ Date _____