



Nicole Maniez, LicAc - 617.840.9868 - info@thefamilyacupuncture.com

Notice of Information Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding your health record information

Each time you visit Family Acupuncture, a record is made of your visit. Typically this record contains your health history, current symptoms, examination results, Oriental medicine diagnosis and treatment plans. This information serves as:

- A basis for planning your care and treatment
- A legal document describing the care you received, written in a format appropriate to acupuncture and Chinese Herbal Medicine.
- A tool to assess the appropriateness and quality of the care you received.

Your rights under the federal privacy standard

Although your health record is the physical property of Family Acupuncture, you have certain rights with regard to the information contained therein. You have the right to:

- Request restrictions on the use and disclosure of your health information for treatment, payment, and health care operations. Health care operations consist of activities necessary to carry out the operations of Family Acupuncture, such as quality assurance. This right does not include those required by law, for example mandatory reporting of communicable diseases like tuberculosis.
- You have the right to receive and keep a copy of this notice of information practices. If you do request a copy, the law requires us to ask you to acknowledge receipt of your copy.
- You have the right to inspect and copy your health information upon request. We reserve the right to charge a reasonable, cost-based fee for making copies.
- You have a right to request a correction of your health information unless we did not create the record or if the record is accurate and complete.
- You have the right to obtain an accounting of non-routine uses or disclosures
- You have the right to revoke authorization to use or disclose your health information at any time.

With the regulatory consent granted by the health and human services department we may use or disclose your health information for treatment, payment, and operations. For example:

- Family Acupuncture can use your personal health information to diagnose, plan and implement the best course of treatment for you.
- Family Acupuncture may also use your health information to receive payment from a third party payer, for example Workers Compensation, if applicable and appropriate.
- In your best interest, Family Acupuncture may use your health information for quality assurance purposes to assess the care and outcome of your case and the competence of the practitioner.

Examples of uses and disclosures of your personal health information other than for treatment, payment, and operation:

- If Family Acupuncture uses your personal health information for other purposes, you will be informed and asked your permission in writing. You may revoke your consent for authorization at any time.

Other responsibility under the federal privacy standard

In addition to providing you your rights, the federal privacy standard requires Family Acupuncture to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Implement a sanction policy to discipline those who breach privacy/confidentiality policies.
- Lessen the harm of any breach of privacy or confidentiality.

Paper copies of the Notice of Information Practices are available for your records. If you want a copy for your records, you may request one from the reception desk at any time.

I have read and understand the above policies, and have had an opportunity to ask questions.

Patient Signature: _____ Date: _____

Printed name of patient: _____

Practitioner Signature: _____ Date: _____