



CHI HARMONY ACUPUNCTURE

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Notice of Information and Privacy 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.

Each time you visit Chi Harmony Acupuncture, a record is made of your visit which typically contains your health history, current symptoms, examination results, oriental medicine diagnosis and treatment plans. Other information maintained includes: your demographic information, financial (billing) transactions with us, and any letters, faxes, emails or telephone conversations to or from other health care practitioners, insurance companies, Worker's Compensation and your employer, and other third party administrators (e.g. requests for medical records, claim payment information).

The Federal Privacy Standard requires that Chi Harmony Acupuncture maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information. Although your health record is the physical property of Chi Harmony Acupuncture, you have the right to inspect and copy your health information upon request, and to request a correction.

Consent to the Use and Disclosure of Health Information

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.

We may use or disclose your identifiable health information* for the purposes of diagnosis or providing treatment, obtaining payment for health care services, or to conduct health care operations. You understand that:

- Your diagnosis or treatment at Chi Harmony Acupuncture may be conditioned upon your consent as evidenced by your signature on this document.
- You have the right to request a restriction as to how your identifiable health information is used or disclosed - and that Chi Harmony Acupuncture is not required to agree to the restrictions requested. This right does not include those required by law, for example mandatory reporting of communicable diseases like tuberculosis.
- You have the right to revoke this consent, in writing, at any time except to the extent that Chi Harmony Acupuncture has taken action in reliance thereupon.

**Identifiable health information is information that identifies you or there is a reasonable basis to believe the information may identify you, and may relate to your past, present or future physical or mental health or condition.*

If you feel your rights as outlined in this notice have been violated, you have the right to file a complaint with Chi Harmony Acupuncture. Your care will not be affected and no retaliatory action will be taken against you.

Signature of Patient or Authorized Representative

Date

Printed Name and Relationship

Practitioner Signature