

Our Clinic Protects Your Health Information and Privacy

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 818-631-3604 .

Yours truly,

Maria Furlano, L.Ac.

Please Take Home This Form Is For Your Records

**Acknowledgement
Of
Notice of Privacy Practices**

I, _____, acknowledge that I have received a written copy of the Notice of Privacy Practices.

Signature of Patient or Representative

Date

If a personal representative signs this authorization on behalf of the patient, complete the following:

Personal Representative's Name

Relationship to Patient

TO BE COMPLETED BY ACUPUNCTURIST IF ACKNOWLEDGEMENT CANNOT BE OBTAINED:

Good faith efforts were made to obtain acknowledgement from the patient or patient's authorized agent. The good faith efforts made, and the reason acknowledgement could not be obtained, were:

- Patient (or authorized agent) refused to sign after being requested to do so.
- Other: (please describe)

Date

Signature of Acupuncturist