



Point of Origin

Clinical Acupuncture, PLLC

Notice of Privacy Practices Acknowledgement under the Health Insurance Portability and Accountability Act (HIPAA)

I understand that, under the Health Insurance Portability Accountability Act of 1996, I have certain rights to privacy regarding my Protected Health Information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up on the multiple health care providers who may be involved in treatment directly and indirectly.
- Obtain payment for third party payers.
- Conduct normal health care operations such as quality assessments and certifications.

I have the option to receive, read, and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosures of the health information. I understand this organization has the right to change its Notice of Privacy Practices from time to time and I may contact this organization at any time to obtain a current copy of this Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, and health care operations.

The HIPAA privacy rule gives individuals the right to restrict the use and disclosures of Protected Health Information (PHI). The individual also has the right to request confidential communications regarding their health care information. I wish to be contacted in the following manner regarding appointment confirmations and other information:

Home telephone: _____ May leave detailed message
_____ May leave message with name and call back number *only*
_____ Do **not** contact me here

Work telephone: _____ May leave detailed message
_____ May leave message with name and call back number *only*
_____ Do **not** contact me here

Written communication: _____ Okay to e-mail me about appointments or inquiries

E-mail Address: _____

Patient name: _____ Date: _____

Name/relationship to patient: _____

Signature: _____