



401 23rd St #104 B Glenwood Springs, CO 81601 (970) 930-1809 Heather Douglas L.Ac

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

USES AND DISCLOSURES OF HEALTH INFORMATION

TREATMENT: Your health information may be disclosed for treatment or to a physician or other health care provider providing treatment to you.

PAYMENT: Disclosure of your health information may be used to obtain payment for services we provide to you. It may also be disclosed to another health care provider or entity that is subject to the Federal Privacy Rules for its payment activities.

HEALTH CARE OPERATIONS: Disclosure of your health information for our health care operations including: quality assessment and improvement activities, reviewing competence of healthcare professionals, evaluation practitioner/provider relationships, conducting training programs, accreditation, certification, and credentialing or licensing activities. Disclosure of your information to another healthcare provider or organization that is subject to the Federal Privacy Rules and that has a relationship with you to support some of their health care operations.

ON YOUR AUTHORIZATION: You may give us written authorization to use your health care information or disclose it to anyone for any purpose. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

FAMILY AND FRIENDS: We may disclose your health information to a family member, friend or other person to the extent necessary to help you with your health care or with payment for your health care. Before we disclose your health information, we will provide you with an opportunity to object to our use or disclosure. If you are not present or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We will also use our experience and professional judgment to make reasonable inferences of your best interest in allowing a person to pick up supplements for you.

COURTESY CALLS & APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointments reminders, courtesy calls, etc. via voicemail, email, postcards, and letters.

PUBLIC BENEFIT: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law
- For public health activities (disease/statistic & child abuse reporting, work-related illness or injury)
- To report abuse, neglect, or domestic violence
- In response to court and administrative orders and other lawful processes

YOUR RIGHTS - YOU HAVE THE RIGHT TO:

- Request a copy of our Privacy Practices Notice at any time and obtain a copy of your health information
- Deny courtesy calls, emails, or letters sent by our office
- Revoke authorizations, in writing, that you made previously in regards to your protected health information
- Request a restriction on certain uses and disclosures of your health care information
- Receive confidential communications regarding your health information

OUR RESPONSIBILITIES - WE HAVE THE RIGHT TO:

- Maintain the privacy of your health information as required by federal and state law
- Provide you with a notice of our Duties and Privacy Practices and abide by the terms of this notice

PRINTED NAME _____ Date _____

PATIENT SIGNATURE: _____ (Or Patient Representative)