

HIPAA NOTICE OF 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.

Under the health Insurance Portability and Accountability Act (HIPAA) of July 1, 1997, it is our legal duty to safeguard your protected health information (PHI). If a person has been insured for the past 12 months, a new insurance company cannot refuse to cover the person and cannot impose pre-existing conditions or a waiting period before providing coverage.

Our office respects your right to privacy. Information regarding the reason you sought therapy with us is strictly confidential and is used to communicate with your doctor, case worker, and claims representative for payment from your insurer and the Dept. of Labor & Industrial Relation (for Worker's Comp. claims) or for pre-authorization. Should any other official party request information about you, we would need to see your signed authorization to release information.

All other uses of the protected health information will be made only with your authorization and you have the right to revoke such authorization at any time. If a claim is unpaid due to the unavailability of the requested information, then you will be responsible for payment to us.

Evaluation reports, treatment plans, copy of prescriptions for the therapy and progress notes are generally mailed to the insurer (case worker) to carry out treatment and receive payment for services.

In settlement cases, your attorney can request copies of your file with a written authorization from you. The other party's attorney will generally subpoena your records. A subpoena is a legal demand with which we must comply.

All therapies are on an appointment basis.

If you have questions regarding other alternatives, we can give you general information. Your primary care physician will determine what program for you to follow.

Marketing:

TCM Healing Center will not use or disclose your PHI for marketing communication without your written authorization. This office may send birthday cards, thank you cards, notice of clinic events, newsletters, and/or appointment reminders.

Disclosure:

TCM Healing Center may use or disclose your PHI without your consent or authorization when required by law.

Patient Rights Notice of Privacy Policy:

- A patient/client may request restrictions on certain uses and disclosure of the protected information.
- You have the right to receive confidential communication of protected health information.
- You have the right to inspect and request a copy of protected health information and medical records.
- You have the right to amend protected information (there is an appeals process).
- You have the right to an accounting of disclosures of protected health information.

TCM Healing Center reserves the right to change our privacy policy in accordance with HIPAA, and would send such notice to your last known address if your case is involved. This is in compliance with HIPAA following April 14, 2003 except in emergency treatment situations.

If you have questions about this notice or any complaints about our privacy practice please contact our office.

I have read and understood my rights regarding privacy of information, and under which conditions this information is shared with others, so that I may receive therapy and claims can be made on my behalf (only for insurance purposes).

I acknowledge that I have received the "Patient's Rights" and I will _____, will not _____ take a copy with me. _____ initials

Signature: _____ Date: _____
Patient or Patient's personal representative

Print Name: _____
Patient or Patient's personal representative