

# Gabrielle Kater L.Ac.

## NOTICE OF PRIVACY POLICIES

Our office is dedicated to providing service with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice establishes how certain medical information may be used or disclosed, and how you may gain access to this information. This notice will remain in effect until it is replaced or amended by changes in law.

This office is required by law to protect the personal health information of its clients, provide notice about how information is shared, and to follow these practices as described herein,

### **We gather personal and health information (“Protected Health Information”) in several ways;**

- Information we receive.
- Information we receive from other healthcare providers.
- Information we receive from third party payers.

Protected Health Information is used for treatment, payment, administrative matters, and healthcare operations. The disclosure of this information may occur, without prior authorization, for public health purposes, auditing, for research studies and for emergencies. Additionally, this office may disclose this information when required by law. You understand that your Protected Health Information may be disclosed to another party by any authorized recipient, and that this office has no control over such disclosure.

For all other situations, you may specifically authorize us to use your protected health information prior to the disclosure. If you do provide such authorization, you may later revoke this authorization to cease all other future disclosures.

This policy may change at any time. When and if such changes are made, this office will provide you with a new Notice of Privacy Policies.

### **Marketing**

This office will not use your health information for marketing communications without your written authorization. This office may send birthday cards, newsletters and appointment reminder, by calls, post cards or letters.

### **Patient Rights**

Upon written request you have the following rights:

- to access, review or receive copies of your healthcare records;
- receive a list of items this office disclosed about your Protected Healthcare Information;
- request that this office place additional restrictions on the disclosure of your Protected Health Information;
- that this office amend your Protected Health Information.

You have a right to receive all notices from this office in writing.

### **HIPPA Compliance**

**I have read and fully understand this Notice of Privacy Policies. I understand that Gabrielle Kater L.Ac. may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of service, and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations if I notify the practice in writing. I also understand that Integrative Healing Acupuncture will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions. By my signature below, I hereby consent to the use and disclosure of my Protected Health Information for purposes as noted herein. I understand that I have the right to revoke this consent by notifying the practice in writing at any time.**

If you have questions, complaints, or want more information contact Gabrielle Kater L.Ac.

Tel: (303) 434-6384

Patient Signature \_\_\_\_\_