The Lightness of Being
thelightnessofbeing.us

HIPAA AND PRIVACY PRACTICES

A record is made each time you visit this clinic. Your symptoms, the acupuncture's judgment, and a plan of treatment are recorded. This record serves as a basis for planning your care and treatment at future visits. Your health record is the physical property of this clinic, but the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record. You have the right to request restrictions on certain uses and disclosures of your information. By signing this consent form, you agree that you may be contacted by staff members in regards to appointments or information related to treatments. If this contact is unavailable by phone, the staff member may leave a message with an answering machine or anyone who answers the phone.

This clinic is required to maintain the privacy of your health information with this notice of our Privacy Practices. We are required to follow the terms of this notice and to notify you if we are unable to grant your request to disclose or restrict disclosure of our health information to others. Other than for reasons described in this notice, this clinic agrees not to use or disclose your health information without your authorization.

By signing this consent form, I acknowledge that I have read, or it has been read to me, and I fully understand the Privacy Practices regarding disclosure and patient health information.

Signature ---------- Printed Name ----------

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Signature of Patient's Representative Printed Name of Patient's Representative

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Date Signed