



## **Acupuncture & Wellness Center**

Acupuncture • Oriental Medicine • Herbal Pharmacy

Renee V. Hotep L.Ac.

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(602) 462-1115

### **Notice of Privacy Practices Acknowledgement Form**

I acknowledge that Qi Acupuncture & Wellness Clinic has provided me with a copy of Qi Acupuncture & Wellness Center's Notice of Privacy Practices document. I understand that this form means only that I have received the Notice and in no way affects the care I receive while at Qi Acupuncture. To help us comply with federal HIPPA rules, please sign and date this form and return to our office.

**Patients Name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# QI ACUPUNCTURE & WELLNESS NOTICE OF PRIVACY PRACTICES

This notice summarizes how health data about you may be used and shared and how you can get access to this data.

## **I. How we may use and share health data about you:**

- a. Treatment—to give you medical treatment or other types of health services
- b. Payment—to bill you or a third party for services provided to you
- c. Health Care Operations—for our own operations such as quality control, compliance monitoring, audit, etc.

## **II. Disclosures where we do not have to give you a chance to agree or object:**

- a. To you
- b. As required by state, federal, or local law
- c. If child abuse or neglect is suspected
- d. Public health risks (for public health activities to prevent and control spread of disease)
- e. Lawsuits and disputes (in response to a court or administrative order)
- f. Law enforcement (to help law officials respond to criminal activities)
- g. Coroners medical examiners and funeral directors
- h. Organ or tissue donation facilities if you are an organ donor
- i. To avert a threat to an individual or to public health safety

## **III. Disclosures where we have to give you a chance to agree or object:**

- a. Patient directories – You can decide what health data, if any, you want to be listed in patient directories
- b. Persons involved in your care or payment for your care-We may share you health data with a family member, a close friend, or other person that you have named as being involved with your health care

## **IV. Other uses of health data: Other uses not covered by this notice or the laws that apply to us will be made only with your written consent**

## **IV. You have the following rights relating to the health data we keep about you:**

- a. right to inspect your health record and to receive a copy of your health record upon request
- b. right to amend information in your health record you believe is inaccurate or incomplete
- c. right to know whom we have disclosed your health information
- d. right to ask for limits on the health information data we give about you
- e. right to receive communication from us about your health information in alternate ways
- f. right to a paper copy of the complete Notice of Privacy Practices