

Notice of Privacy Practices (HIPAA) and Patients' Rights

Acupuncture practice of Diem Bui L.Ac. (Nam Hoa Acupuncture)

Your Health Record

A record is made in your chart each time you visit Nam Hoa Acupuncture. Your symptoms, the practitioner's TCM diagnosis and a treatment plan are recorded. This record serves as a basis for planning your care and treatment at future visits, and also as a means of communication among other health professionals who may contribute to your care if you choose. Understanding what information is retained in your record and how it may be used will assist you to ensure it is accurate and make informed decisions about who, what, when, where and why others may be allowed access to your health information.

Your Health Information Rights

Your health record is the physical property of your practitioner, 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, and to request that appropriate amendments be made to it. You have the right you request restrictions on certain uses and disclosures of your information, to authorize disclosure of the record to others and be given an account to those disclosures. Other than activities that have already occurred, you may revoke any further authorizations to use or disclose your health information. Should we need to contact you, you have the right to request communication by alternate means or alternate locations.

Our Legal Responsibilities

Nam Hoa Acupuncture is required to maintain the privacy of your health information and to provide you with this notice of our privacy practices except with the following: Public Health or FDA mandates, law enforcement requirements and for payment purposes when a third party (such as insurance) is paying for service. We're required to follow the terms of this notice and notify you if we are unable to grant your request to disclose or restrict disclosure of your health information to

others. Nam Hoa Acupuncture reserves the right to change its practice and promises to make a good faith effort to notify you of any changes. Other than for the reasons described in this notice, we agree not to use or disclose your health information without your authorization. You may, however, wish to have your clinical information shared with family member(s) or other clinicians, and this can be done with your written permission now or added on later.

Questions and Complaints

To receive additional information or report a problem, or if you believe your privacy rights have been violated, you have the right to file a complaint with us and/or with the US Secretary of Health and Human Services with no fear of retaliation by this office.

Effective Date: November 7, 2023

Consent for the Purposes of Treatment, Payment, and Other Health Care Options

I, _____, give consent to Diem Bui L.Ac., of Nam Hoa Acupuncture, to use and disclose my Protected Health Information for these specific purposes:

1. Providing treatment to me.
2. Relating to the payment of the services this office has rendered me.
3. The general health care operations of this practice. I understand that I have the right to request or put restrictions on the use and disclosure of my Protected Health Information for the purposes of treatment, payment or health care operations of Diem Bui L.Ac. of Nam Hoa Acupuncture, but Diem Bui L.Ac. of Nam Hoa Acupuncture, is not required to agree to these restrictions. However, if Diem Bui L.Ac. of Nam Hoa Acupuncture agrees to such a request, the restriction is binding upon the practice.

Written and Verbal Communication

Please read and answer the following:

Can this office send newsletters or other written information to your email address? Yes No

Can this office send you an appointment reminder by email? Yes No

Can this office leave a phone message at your home? Yes No

Please read the following and initial in the space provided:

_____ I understand I have the right to read and discuss the Notice of Privacy Policies and Procedures form of this acupuncture practice before I sign this consent form regarding the use and disclosure of my Protected Health Information.

_____ I have the right to revoke this consent, in writing, at any time, exempting the acupuncturists and practice to the extent that they have already relied upon this consent.

Request for restrictions to use and disclosure of my Protected Health Information

I request the following restrictions to the use of disclosure of my health information:

Print name_____

Signature_____

Date_____

Acknowledgement of receipt of Notice of Privacy Practices (HIPAA) and Patients' Rights

I acknowledge receipt of a copy of the Notice of Privacy Practices (HIPAA) and Patients' Rights of Diem Bui L.Ac., of Nam Hoa Acupuncture.

Print name_____

Signature_____

Date_____