

Our Clinic Protects Your Health Information and Privacy

This notice describes our office’s policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from Melanie Misenheimer, LAc, we may need to share limited personal, medical and financial information with your insurance company, with Worker’s Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize. This clinic will not use your health information for marketing purposes without your written authorization; however, we may contact you via mail, email, or telephone with appointment reminders, holiday greetings, or newsletters.

Safeguards in place at our office include:

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman’s compensation and your employer, and other third party’s administrators (e.g. requests for medical records, claim payment information).
- As a patient, you may be able to access and correct personal information we have collected about you, (information that can identify you - e.g. your name, address, Social Security number, etc.).

Patient Rights:

1. Upon written request you have the right to review or receive copies of your healthcare records. There is a copy fee (minimum of \$10). This request may take up to 10 working days to process.
2. Upon written request, you have the right to receive a list of items this office disclosed about your healthcare information.
3. You have the right to request that this office place additional restrictions on disclosure of your protected health information.
4. You have the right to request in writing that we amend your protected health information.
5. You have a right to receive all notices in writing.
6. You may send written complaints to the U.S. Department of Health and Human Services.

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at 704-995-9926.

By signing below I understand and agree to the afore mentioned HIPAA guidelines and the use of my personal information as described therein.

Printed Name: _____ Date: _____

Signed Name: _____ Date: _____