

The Acupuncture Clinic of Missoula

Health Options Clinic 3031 S. Russell St. Ste 1 Missoula, MT 59801

www.acupunctureclinicofmissoula.com

406-728-1600

Privacy Notice

The Acupuncture Clinic of Missoula is committed to maintaining the privacy of your protected health information (PHI), which includes information about your health condition, and the care and treatment you receive from our clinic. The creation of a record detailing the care and services you receive helps this office provide you with quality health care. The Notice details how your PHI may be used and disclosed to third parties. The Notice also details your rights regarding your PHI.

In the course of your care as a patient at the Acupuncture Clinic of Missoula we may use or disclose personal and health related information about you in the following ways:

- *Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- *Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of services provided to you.
- *Your name, address, phone number, email address, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

You have a right to request restrictions on our use of your protected health information for treatment, payment and operations purposes. Such requests are not automatic and require the agreement of this office.

If you are not home to receive appointment related information, a message may be left on your answering machine or with a person in your household. You have a right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations.

Under federal law, we are permitted and may be required to use or disclose your health information without your authorization in these following circumstances:

- *If we provide health care services to you in an emergency.

*If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.

*If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

*If we are ordered by the courts or another appropriate agency.

You have a right to receive an accounting of any such disclosures made by this office.

Any use or disclosure of your protected health information, other than outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date.

We normally provide information about your health to you in person at the time you receive care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a specific form please advise us in writing as to your preferences.

You have the right to inspect and receive a copy of your health information. In addition you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

We are required by state and federal law to maintain the privacy of your patient file and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect.

We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

Information we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you would like further information about our privacy policies and practices, please contact the Privacy Officer at 406-728-1600.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to the Privacy Officer at 406-728-1600.

This notice is effective as of _____ . My signature acknowledges I have received a copy of this notice.

Name (Please print)

Signature

Date

If you are a minor, or if you are being represented by another party:

Personal Representative (Printed) Personal Representative Signature Date

Description of the authority to act on behalf of the patient