



For Radiating Beauty, Health, and Happiness from the Inside Out!

1776 South Jackson St. Suite 810, Denver, CO 80210

Phone # 719-588-7280

Notice of Privacy Policies

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) the following is a notice of how your healthcare information will be used and protected, as well as your rights regarding your healthcare information. Please read the following notice carefully. It has been broken down into multiple areas for simplification purposes.

Your Privacy and Treatment:

Your health information can be disclosed to any of our clinical or administrative staff for the purpose of providing treatment. It will be protected from any personal not from our office unless your written consent is first obtained.

Your Privacy and Payment Arrangements:

If payment is not received at time of service your healthcare information may be disclosed to our administrative staff, our collections agent, or your insurance company for the purpose of retrieving payment.

Your Privacy and Emergencies:

If you are incapacitated or if emergency circumstances exist, we will disclose healthcare information to those professionals relevant to the circumstances using our professional judgment. This would include Emergency Medical personal, etc. Under these same circumstance we may also provide healthcare information to a spouse or person responsible for your care.

Your Privacy and Public Health:

As required by law, we may disclose your healthcare information to public authorities for purposes related to: 1) preventing and controlling disease, injury, or disability of yourself or others, 2) reporting child abuse and neglect, 3) reporting domestic violence, 4) reporting to the FDA about problems with products or reactions to medications, and 5) reporting disease or infection exposure.

Your Privacy and Judicial Proceedings:

During a judicial proceeding your healthcare information may be disclosed to authorities.

Your Privacy and Law Enforcement:

Your healthcare information may be disclosed to law enforcement officials for purposes in assisting in the upholding of the law, including identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Your Privacy and Death:

Your healthcare information may be disclosed to the coroners or medical examiners office upon your death.

Your healthcare information will not be disclosed to anyone other than those mentioned above without written

consent from you.

Your Rights:

- 1) You have the right to request in writing restrictions on certain uses and disclosures of your healthcare information. We are not required to respond to the request of these additional restrictions. If we agree to follow your request regarding additional restrictions, we will follow the agreed restrictions unless an emergency situation dictates otherwise.
- 2) You have the right to read, inspect, and copy your healthcare information. We will charge a \$25 processing fee for a complete copy of your medical record or requests for twenty pages or more at a given time.
- 3) Upon your request you have the right to receive an accounting of disclosures of your healthcare information for reasons other than treatment and payment.
- 4) You have the right to request how you are communicated to regarding your healthcare information. Your request must be in writing and can spell out other ways or other locations regarding your healthcare information communication.

If at any time you are unsure or concerned that your healthcare information has not been protected or if you believe an error was made in the decision we made about accessing your healthcare information; or in the response to a request you made to amend the use or disclosure of your healthcare information; or to have us communicate to you by an alternative means or at an alternative location, you have the right to bring this issue forward.

If you are not satisfied with the manner in which we have handled your complaint or requests or if you feel the privacy of your healthcare information has been compromised, please send a formal concern to the U.S.

Department of Health and Human Services. Directions how to go about filling a formal concern can be found at the following webpage:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

Privacy of your healthcare information remains extremely important to us and we are committed to ensure your privacy. We are available to assist you with any questions, concerns, or complaints in a professional unbiased manner.

I have read and understand the HIPAA privacy policies (both pages) of **Vibrant Pearl Acupuncture & Herbs**.

Name of Patient

Name of Patient's Legal Guardian/ Representative

Signature of Patient/Legal Guardian or Legal Representative

Date