De'MEDICI
Classical Acupuncture

Michele de'Medici
L. Ac; Dipl. Ac.; DOM (NM)
2243 Main Street #19
Durango, Colorado 81301
mobile: 970.844.0408

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your personal health information is very sensitive. It will not be disclosed to others unless the law authorizes or requires this be done.

The law protects the privacy of the health information we create and obtain in providing care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment health information from other providers, billing and payment information relating to these services. Federal and state laws allow us to use and disclose your protected health information for purposes of treatment and health operations. State law requires us to get your authorization to disclose this information for payment purposes.

YOUR HEALTH INFORMATION RIGHTS:

The health and billing records we create and store are the property of the practice. The protected health information in it, however, generally belongs to you.

You have a right too:

- Receive, read, and ask questions about this notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant this request. But we will comply with any request granted.
- Request and receive a copy of the most current Notice of Privacy.
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing.
- Ask us to change your health information. You may give us this request in writing.
- You may write a statement of disagreement If your request is denied. It will be stored in your medical record, and included with any release of your records.
- Cancel prior authorization to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

OUR RESPONSIBILITIES: WE ARE REQUIRED TO:

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this notice.

This acupuncture office has a right to change practices regarding the protected health information that is maintained. If any changes are made, you will receive an updated copy of this notice. You may receive the most recent copy of the notice by calling and asking for it or by picking one up at the office.

Your signature below is acknowledgment that you have reviewed a copy of the Privacy Notice

PATIENT OR GUARDIAN'S SIGNATURE _____ DATE _____

PRINTED NAME _____

WITNESS _____ DATE _____

Patient's or Guardian's Signature _____ DATE _____