



HIPPA FORM

Health Insurance Portability & Accountability Act

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ AND REVIEW CAREFULLY.

Federal law requires us to maintain the privacy of your health information. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept confidential. HIPAA gives you, the patient, new rights to understand and control how your health information is used. That law also requires us to give you this explanation of how we maintain the privacy of your health information. We reserve the right to change our policy practices, provided the changes conform to applicable laws. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, health care operations, health care reminders and for public benefit. Any other disclosure will require your written authorization.

- Treatment means providing or managing health care and related services by one or more health providers.
- Payment means such activities as obtaining reimbursement of services, billing or collection activities and utilization review.
- Health care operations include the business aspects of running the clinic, quality assessment, evaluating practitioner, provider performance, training programs, accreditation, certification or credentialing activities.
- Reminders means providing you with appointment reminders or to inform you of changes in the clinic services or hours by such means as postcards, voicemail messages or letters.
- Public benefit means the disclosure of information for the following types of reasons: for public health activities including disease and vital statistic reporting; to report abuse, neglect or domestic violence; to health oversight agencies; to law enforcement officers pursuant to subpoenas and other lawful processing; medical examiners and coroners; to avert a serious threat to health or safety; in connection with certain research activities; and as authorized by state and federal laws.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

With Your Authorization: Any other uses and disclosures will be made only with your written authorization. You must give such authorization in writing to disclose it for any purpose, including but not limited to having a copy sent to another physicians or receiving a copy for your own personal use. You may revoke such authorization in writing and we are required to honor that written request except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Chief Medical Officer.

The right to request restrictions on certain uses and disclosures of protected health information, including those related disclosures to family members, relatives, close personal friends or any other person identified by you. We are, however, not

required to agree to a requested restriction, we must abide by it unless you agree in writing to remove it.

- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information. You must make a request in writing to obtain access to your health information. If you request copies, we will charge you a reasonable cost-based fee that may include labor, copying cost and postage. If you prefer, we may (but are not required to) prepare a summary or explanation of your health information for a fee.
- The right to amend your protected health information. Your request must be in writing and must include an explanation why we should amend your records. We may deny your request under certain circumstances.
- The right to receive an accounting of disclosures of your protected health information.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

You have recourse if you feel your privacy protections have been violated. **If you want more information about our privacy practices or have questions or concerns, please contact us by phone 303.449.3777, fax 303.449.3775 or by mail: Holistica Integrative Care, 2975 Valmont Road, Suite 100, Boulder, CO 80301.** You may also submit a written complaint to the US Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave SW, Washington, DC 20201 about violations of provisions of this notice or the policies and procedures of our clinic. We will not retaliate against you for filing a complaint.

I have read and understand the above-stated information.

X _____ Date: _____
Patient's Signature Date

Printed Name

X _____ Date: _____
Legal Guardian's Signature (if patient is under 16 years)

Printed Name