

# Ballard Acupuncture Center

**Avigail Cohen L.Ac, LMP**

**2224 NW 56th Street - Seattle, WA 98107 (206) 491-7746**

**Notice of Privacy Policies** My office is dedicated to providing service with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

**We gather personal information and health information in several ways:**

- Information we receive from you.
- Information we receive from other healthcare providers.
- Information we receive from third party payers. This information is used for treatment, payment and healthcare operations.

You should be aware that during the course of our relationship, I will likely use and disclose health information about you for the purpose of treatment, payment, and healthcare operations.

You may specifically authorize me to use protected health information for any purpose by submitting the authorization in writing. Such disclosures can be made to any personal representation you choose.

**Marketing**

- This office will not use your health information for marketing communications without your written authorization.
- This office may send birthday cards, newsletters and appointment reminder, by calls, post cards or letters.

**Disclosure**

This office may use or disclose your protected health information when required by law.

**Patient Rights**

1. Upon written request you have the right to access, review or receive copies of your healthcare records.
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 that we amend your protected health information; the request must be in writing.
5. You have a right to receive all notices in writing.

**Patient Acknowledgment**

I acknowledge that I have received a copy of the Notice of Privacy Practices for the practice of Avigail Cohen L.Ac, LMP. The notice describes the types of uses and disclosures of my health care information that may occur during treatment, payment of services, and in the performance of office operations. It also describes my rights and responsibilities as well as that of the practice of Avigail Cohen with respect to the protected health care information.

You have the right to file a formal, written complaint with us or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel that your privacy rights have been violated

Signature of Patient\_\_\_\_\_

Date\_\_\_\_\_