

Notice of HIPAA Privacy Practice

The following notice describes how health information about you may be used and your rights regarding the use of health information. Please review this notice carefully.

Renée Hahn, Lic.Ac., Dipl.OM. (NCCAOM), understands that information about you and your health is personal. I am committed to protecting your health information, and keeping it in full confidence.

You have the right to:

- * Ask to see, read, and/or obtain a copy of your health record (charges may be necessary).
- * Ask to correct information you believe is wrong in your health record.
- * Ask that information not be shared with certain individuals.
- * Ask that your information not be used for certain purposes; for example, research.
- * Ask me to send copies of your health record to whomever you wish (charges may be necessary).
- * Be informed about who has read your record (for reasons other than treatment, payment and practice improvements.)
- * Specify where and how I may contact you.
- * Receive a paper copy of the full Notice of Privacy Practices.

Written Authorizations

To use or disclose PHI, you will need to sign a written authorization prior to access or disclosure. Refer to the "Notice of Privacy Practices" for a list of covered exceptions to the authorization requirement related to public policy, certain health disease reporting requirements and law enforcement activities. (Available as of April 4, 2003 at <http://www.ucsf.edu/hipaa>.) If you do not know or understand what you can do with PHI, please read "Notice of Privacy Practices".

Exceptions to the Rules

Under HIPAA, there are certain exceptions to these general rules. These exceptions are described in the "Notice of Privacy Practices". Disclosures can be made without patient authorization: subject to professional judgment, for public health and safety purposes, for government functions, law enforcement and based on a judicial request or subpoena.

If you believe your rights have not been maintained you may file a complaint with the secretary. The address is: U.S. Dept. of Health and Human Services, Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm. 322, San Francisco, CA 94103. You will not be penalized in any way for filing a complaint.

- * I acknowledge receipt of the "Notice of Privacy Practices" and "Patient

Rights". I understand that my signature does not authorize disclosure but only acknowledges that I have received a copy of the full Notice.

* I understand and acknowledge that it is the practice of Renée Hahn, Lic. Ac., to occasionally place a reminder call to me before a treatment appointment, and I agree to receive these calls.

SIGNATURE: _____ DATE: _____

DATE OF BIRTH: _____

PRINTED NAME: _____