Notice of Privacy Practices

Northwest Integrative Medicine
Geoffrey Lecovin, ND DC LAc
284 Central Way ~ Kirkland, WA 98033
Office: 425-999-4484 ~ Fax: 425-999-4484

Northwest Integrative Medicine complies with the Health Insurance Portability & Accountability Act (HIPPA). We protect confidential health care information, known as "Protected Health Information" (PHI). Below is a summary of patient privacy rights under HIPPA and our clinic legal duties and privacy practices regarding you PHI.

Uses & Disclosures of Your PHI

- We may use or disclose your PHI for payment of your services. For example, we may send a report of your progress to your insurance company.
- We may use or disclose your PHI for our normal healthcare operations. For example, one of our staff will enter your information into our computer.
- We may share your PHI with our business associates, such as billing service. We have a written contract with each business associate that requires then to protect your privacy.
- We may use your PHI to contact you. For example, we may send newsletters or other information.
- We may also want to call and remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answers the telephone. In case of an emergency, we may disclose your PHI to a family member or another person responsible for your care.
- We may release some or all of your PHI when required by law.
- If this practice is sold, your PHI will become the property of the new owner. Except as described above, this practice will not use or disclose your PHI without your prior written authorization.

Patient Privacy Rights

- You may request in writing that we not use or disclose your PHI as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures we make with your PHI beyond the above normal uses.
- As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.
- You have the right to transfer copies of your PHI to another practice. We will mail/fax your files for you.
- You have the right to see and receive a copy of your PHI, with a few exceptions. Give us a written request regarding the PHI you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.
- You have the right to request an amendment or change to your PHI. Provide us your request to make changes in writing. If you wish to include a statement in your file, please provide it to us in writing. We may or may not make the changes you request, but will include your statement in your file. If we agree to an amendment or change, we will not remove nor altar earlier documents, but will add new information.
- You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington,DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please call our office at 425.646.4747. This notice goes into effect as of April 14th, 2003

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Acknowledgement of Receipt

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Federal law requires that we obtain your written acknowledgement of receipt of the Notice of Privacy Practices.
Patient hereby acknowledges that Northwest Integrative Medicine has provided a copy of its Notice of Privacy Practices that describes how protected health information may be used and disclosed, and how to access this information.

I understand that if I have questions or complaints I may contact Northwest Integrative Medicine.
I also understand that I am entitled to receive updates upon request if Northwest Integrative Medicine amends or changes it Notice of Privacy Practices in a material way.

Patient Name	**Patient's Guardian Signature (IF MINOR)**
Patient Signature	**Date**

FOR OFFICE USE

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained. The reason is specified below.

- ☐ Patient declined to sign this Acknowledgement of Receipt
- ☐ Other (specify):

Staff Signature	**Date**