HIPAA INFORMATION SHEET

Notice of Privacy Practices

Effective Date: 1/5/2020

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

You have the right to access, correct, and request confidential communication of your health information. You may also request restrictions on how your information is shared, obtain an accounting of disclosures, and receive a copy of this notice at any time. You have the right to file a complaint if you feel your privacy rights have been violated.

Your Choices

You can choose how we use and share information for appointment reminders, treatment alternatives, or involving family or friends in your care (with your consent).

Our Uses and Disclosures

We use and share your health information to treat you, manage our operations, and bill for your services. We may also share information as required by law, including for public health, safety, or law enforcement purposes.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information (PHI), notify you in case of a breach, and follow the practices described in this notice. We will not use or share your information beyond what is described here without your written permission.

Contact Information

For questions or concerns about this notice, please contact: Barbara A Mahler, LAc
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