

Molly McIntyre, L.Ac. 3045 15th Street Boulder, CO 80304 :720-300-6073

NOTICE AND ACKNOWLEDGEMENT OF PRIVACY POLICIES AND PROCEDURES

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

As required by the Health Information Accountability Act of 1996 (HIPAA), Molly McIntyre may not use or disclose your personal health information without your authorization. Molly has policies and procedures to comply with HIPAA law. Every attempt has been made to keep the process for patients and staff as efficient as possible. However, the requirements are extensive and take time, effort and cooperation to process required tasks. All patients are presented with certain notices and must sign certain forms. The following is a summary of the most common notices and forms:

NOTICE OF PRIVACY PRACTICES: This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION:** Molly may not use or disclose your health information for purposes other than treatment, payment or health care operations, without your authorization.

Your signature on this form indicates that you are giving permission to Molly for the use and disclosure of the health information listed on the form, for the purpose(s) listed on the form, to the people/ organization(s) on the form. You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning it to this office.

COMPLAINT: You have the right to make a complaint about Molly's privacy policies, procedures or actions. Molly will not engage in any discriminatory or other retaliatory behavior against you because of a complaint.

REQUEST TO AMEND PROTECTED HEALTH INFORMATION: You have a right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. Molly will review your request and either grant your request or explain the reason why it will not be granted. In the event that your inspection request is not granted, you may request that someone other than the person who originally denied the request review the decision. If you request copies of your medical record, Molly reserves the right to charge you a reasonable fee for the expenses associated with copying the requested information.

REQUEST FOR ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION: You have a right to request an accounting of all non-routine disclosures of health information that pertains to you. Disclosures of health information associated with treatment, payment and healthcare operations or with prior patient authorization will not be accounted for.

CONFIDENTIAL CHANNEL COMMUNICATION REQUEST: You have a right to request that communications concerning your personal health information be made through confidential channels. Molly will do her best to accommodate all reasonable requests.

DESIGNATION OF PERSONAL REPRESENTATIVE: You have a right to nominate one or more persons to act on your behalf with respect to the protection of health information that pertains to you. By making this request, you are informing Molly of your wish to designate the named person as your personal representative. You may revoke this designation at any time by signing and dating the revocation of your copy of this form and returning it to this office.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

I acknowledge that I have received and read the above Notice of Privacy Policy and Procedures and that I have had any questions regarding this notice answered to my satisfaction.

Patient signature, or guardian and Date

Print name Provider representative and title

Contact information:

I give Molly permission to contact me at the following number(s):

I give Molly permission to leave voice messages at the following number(s):

I give Molly permission to leave messages with other people that may answer at the following number(s):