Marlene Klein, LAc
Acupuncture & Herb Center
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Patient Privacy Policies

It is the policy of my practice to preserve the integrity and the confidentiality of protected health information pertaining to my patients. The purpose of this policy is to ensure that my practice has the necessary medical integrity to provide the highest quality medical care possible, while protecting the confidentiality of my patients to the highest degree. Patients should not be afraid to provide information to my practice for the purposes of treatment, payment and healthcare operations.
My practice will:

- Collect, use and disclose patient information in compliance with state federal laws and current patient covenants and/or authorizations, as appropriate without authorization from the patient.
- The practice will treat all patient information as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
- Although my practice "owns" the medical record, the patient has a right to inspect and obtain a copy of his/her information. In addition, patients have a right to request an amendment to his/her medical record if he/she believes their information is inaccurate or incomplete.
- I will provide patients an opportunity to request the correction of inaccurate or incomplete patient information in their medical record in accordance with the law and professional standards.
- My practice must adhere to this policy. I will not tolerate violations of this policy. My practice may change this policy in the future. Any changes will be effective upon the release of a revised privacy policy and will be made available to patients upon request.

Signature of Patient Phone Number

Please sign reverse side also

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Acupuncture & Herb Center, may use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Please refer to Acupuncture & Herb Center's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy practices prior to signing this consent. Acupuncture & Herb Center reserves the right to revise its Notice of Privacy practice at any time.

With my consent, Acupuncture & Herb Center may mail or call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out:

Appointment reminders, insurance items, and any call pertaining to my clinical care, including laboratory results and patient statements as long as they are marked *Personal and Confidential*.

By signing this form, I am consenting to Acupuncture & Herb Center's use and disclosure of my patient information to carry out treatment, payment, operations.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

If I do not sign this consent, Acupuncture & Herb Center may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient's Name_____ Date_____