



Acupuncture and Herbal Medicine Healthcare
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Notice of Privacy Practices

This Notice together with our Practices Regarding Disclosure of Health Information, describe how health information about you may be used and disclosed. They also describe how you can gain access to your health information. **Please review this information carefully.**

Understanding Your Health Record:

A record is made each time you visit our office for treatment. This record includes symptoms, clinician observations, diagnosis, and treatment. The record may also contain other pertinent information provided by you or another of your health care practitioners with whom we may have spoken.

Your Health Information Rights:

Your health record is owned by the clinic, however, the content is always available to you for your review. You have the right to request a review of your file and to obtain copies of documents contained in your file. You also have the right to request that amendments be restricted from certain uses and disclosure and to request a list of individuals or entities to whom your information has been disclosed. You may revoke any authorizations you have given regarding disclosure of your health information at any time. The revocation must be provided to us, in writing.

Our Responsibilities:

We are required to maintain the privacy of your health information and to provide you with a copy of this notice of our privacy practices. We will follow the terms of this notice and advise you if we are unable to comply with a request you may make regarding the use of your health information. We reserve the right to amend our privacy policies and we use our best efforts to notify you of any such amendments. Other than for reasons stated in this notice, we will not use or disclose your health information without your consent.

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and a copy of the Practices Regarding Disclosure of Patient Health Information. I have therefore been advised of how my health information may be used and disclosed consistent with these notices.

Signature of Patient/Guardian

Date

Patient Name (please print)

Practices Regarding Disclosure of Patient Health Information

Your health information will be routinely used for treatment, payment, and quality monitoring, and your consent is not required in these circumstances.

Treatment – Information obtained by us will be entered into your treatment record and used in the course of your treatment. Your health information will be shared with other health practitioners as we, in the exercise of our professional judgment, deem is appropriate. Information regarding our assessment of your health and information regarding consultations, may also be retained in your file.

Payment – Your record will be used to receive payment for services. A bill or other payment information may be mail to your home or to a third party provided. That information will likely contain diagnostic determination, practitioner impression and treatment procedures.

Quality Monitoring – We will use your health information to assess the care you have received and to compare outcomes. This information may also be used in conjunction with various scientific studies regarding your specific condition or Oriental Medicine itself.

The following disclosures are required by law and do not require your consent.

Food and Drug Administration (FDA) – We are required to disclose health information to the FDA related to any adverse effects of food, supplements, products, and product defects for surveillance to enable product recalls, repairs or replacements.

Workers Compensation – We will release health information to the extent required under the workers compensation law.

Public Health – We are required to disclose health information to public health entities/or legal authorities responsible for tracking birth and morbidity, communicable disease, injury or disability and matters relating to organ/cadaver donations.

Law Enforcement – We are required to provide your health information to law enforcement and professional oversight personnel under State and Federal law. Similarly, we will disclose such information in the event we believe there is a risk of harm to yourself or others.