

Liz Cavin Naturopathic Doctor

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 Portability and Accountability Act of 1996 (HIPAA), Dr. Liz Cavin may not use or disclose your personal health information without your authorization.

This Practice 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. Depending on the course of treatment, some patients may be required to sign additional forms. The following is a summary of the most common notices and forms.

Notices of Privacy Practices – This notice describes how medical information about you may be used and disclosed and how you get access to this information.

Authorization for Use or Disclosure of Protected Health Information – This Practice may not use or disclose your health information for purposes other than health treatment, payment, or health care operations, without your authorizations. Your signature on this form indicates that you are giving permission to this Practice for the use and disclosure of the health information listed on the form, for purpose(s) listed on the form, and to the people/organization(s) listed 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 the office.

Complaint – You have the right to make a complaint about this Practice's policies, procedures or actions. This Practice will not engage in any discriminatory or other retaliatory behavior against you because of a complaint.

Request to Amend Protected Health Information – You have the right to request that health information that involves you be amended if you believe that it is incorrect or incomplete. This Practice will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted, you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

Request for Inspection of Protected Health Information – You have the right to request the opportunity to inspect and copy health information that pertains to you. This Practice will evaluate your request and will either grant it or explain the reason why the request 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, this Practice 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 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.

Liz Cavin Naturopathic Doctor

Confidential Channel Communication Request – You have a right to request the communications concerning your personal health information be made through confidential channels. This Practice will do its 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 this Practice 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.

The goal of the HIPAA privacy act is to assure that individuals' health information is properly protected. In order to keep our patients' information protected, we are asking that our patients provide us with the names of the people it will be acceptable to discuss their health information with. This release of information can include things such as: sensitive health information, billing or financial matters, medication refills, and whether you as a patient were here at our office for an appointment or not.

If you are a parent of a minor child, this does not pertain to your children. If your children are eighteen years of age or above, they are considered adults and we will need to have your adult children sign a release in order for us to talk to you about their health care. Even if your child is currently living at home, or currently a full-time student, we are unable to give you information without signed consent.

Please list below the people it is acceptable to talk to about your health care. This could include your spouse, children, friends, or other family members.

Please Note: Without a signed release, we will not give any information to anyone who calls on your behalf.

I give Dr. Liz Cavin Naturopathic Doctor the authorization to discuss my health information with those listed below:

NAME OF PERSON	RELATIONSHIP/PHONE NUMBER

Patient's Signature:

Print Name

Signature

Date