

Sadie Minkoff L.Ac.

American Board of Oriental Reproductive Medicine

Phone: (512) 968-2605 • FAX: (512) 371-9550
www.ReproductiveAcupuncture.com

Privacy Practices

This notice describes how Sadie Minkoff L.Ac., or any other Licensed Acupuncturist working with her, protect your health information and what rights you have regarding it. We are obligated by law to give you notice of our privacy practices. Please review them carefully.

Right to Notice

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPPA), we can use your protected health information for treatment, payment, and health care operations.

- a) Treatment – We may use or disclose your health information to a physician or other health care provider providing treatment to you.
- b) Payment – We may use and disclose your health information to obtain payment for services that we provide to you.
- c) Health care operations – We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of health care professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization

Most uses and disclosures that do not fall under treatment, payment, health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

Emergency Situations

In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or other person responsible for your care, using our professional judgment. We will only disclose health care information that is directly relevant to the person's involvement in your health care.

Marketing

We will not use your health information for marketing communications without your written authorization.

Required by Law

We may also use or disclose your health information when we are required to do so by law.

Abuse or Neglect

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health and safety.

National Security

We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful

intelligence, counterintelligence and other national security activities. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.

Appointment Reminders

We may use or disclose your health information to provide you with appointment reminders via phone, e-mail or letter.

Your Rights as a Patient

- You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment, or health care operations.
- You have the right to receive confidential communications regarding your protected health care information.
- You have the right to inspect and copy your protected health information (PHI). Requests for copies of PHI must be made in writing to our office and will be available for review within 30 days of the date of the request.
- You have the right to amend/update your protected health information. To provide the best health care possible, it is always recommended that you keep us up to date on ALL of your health information/conditions.
- You have the right to receive an account of disclosures of your protected health information. Our office will provide within 30 days of a written request.
- You have the right to a paper copy of this notice of privacy practices.

Legal Requirements

We are required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted within our office.

Complaints

It is always our utmost goal to treat our patients with care and respect. If, however, you have complaints regarding the way that your protected health information is handled, you may submit a complaint to our office. We hope that you always let us know what we may do to improve your patient care.

Contact Information

For further information about our privacy policies, please contact Sadie Minkoff L.Ac. at 801 W. 34th Street, Austin, TX 78705.

Sadie Minkoff L.Ac.

American Board of Oriental Reproductive Medicine

Phone: (512) 968-2605 ♦ FAX: (512) 371-9550
www.ReproductiveAcupuncture.com

Payment policy

- Payment is due at the time of service. We accept cash, checks, and most major credit cards.
- Your appointment time is reserved specifically for you. In the event of a missed appointment or an appointment cancelled with less than 24 hours notice you will be charged the full appointment fee.
- A \$30 fee will be charged for returned checks.
- We reserve the right to change our fee scale without notice.

Please acknowledge your understanding and acceptance of these practices and policies by signing below.

Patient's Name (please print): _____ Date: _____

Signature: _____