Protecting your confidential health information

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed.

Although health information has always been protected by State Law, the United States Government has mandated that every health care professional and hospital institute a policy concerning confidentiality of health care information. This is known as "the HIPAA Privacy Act". HIPAA stands for Health Insurance Portability Accountability Act.

HIPAA, which was written by the United States Department of Health and Human services, requires that we notify you of your privacy policies. Although our office has always practiced these privacy laws, we are now required to protect patient information in the computer age.

Generally, we will use and communicate your health information only for the purposes of providing your treatment, obtaining payment, and conducting health care operations. This is done in accordance to State and Federal law regarding the confidentiality of your health information. Below are more specifics regarding our policy.

A. **To Conduct Health Care Operations:**
   It is possible that health information will be disclosed during audits by insurance companies or government-appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities. We may also perform in-law reviews of health information to make sure we are compliant with all state and Federal laws.

B. **Patient Reminders:**
   We may remind you of a scheduled appointment, or that it is time for you to contact us and make an appointment. This may be done through postcards, telephone reminders, or electronic reminders such as email regarding scheduling. We may leave you a message on your telephone answering machine. In any of these reminders, we will never disclose medical information concerning you.

C. **Abuse or Neglect:**
   We are required by state and federal law to notify government authorities if a patient is the victim of abuse, neglect, or domestic violence. We will do this only after considering all information available to us, and generally we will seek the patient's agreement.

D. For Law Enforcement:

State and Federal law may require or permit us to disclose health information for certain law enforcement purposes, such as to report a crime of if you are the victim of a crime.

E. Family, Friends, and Caregivers:

Generally, we need your permission to share your health information with your family and friends or those caring for you. If it is an emergency and you are unable to provide information, we may be required to share health information to ensure you get the proper care. For example: if you are in a car accident, are brought to an emergency room unconscious and have a prescription with a doctor's name on it, the emergency room personnel may contact that doctor to get information concerning the medication and dosage.

F. Public Health and National Security:

There may be instances where the Federal Government or military authorities request health information related to public health or national security. We may also be required to report new side-effects of medication, treatment using medical devices, or epidemics.

G. Medical Research and Medical Examiners:

To advance medical knowledge, it is possible that a study will be conducted which may require careful review of the medical history of a patient. In these cases, patients are never identified, and generally you would be contacted prior to the use of any statistics or health information.

We may also be required by law to provide information to coroners, funeral directors, and medical examiners.

H. Your Authorization:

Other than what is stated above or where we are ordered by Federal, State or Local law, we will not disclose health information concerning you without your written authorization. You may revoke that authorization in writing at any time.

How Your Health Information is Generally Used

A. To Provide Treatment:

We may share your health information with referring physicians, your primary care Physician or other specialist physicians, clinical and pathology laboratories, pharmacies, and/or other health care personnel providing treatment. For example: if you are referred for an MRI or CT scan, we are required to provide the facility with your name, birth date, phone number, and insurance information.

B. To Obtain Payment:

Your health information, along with your diagnosis and treatment, is forwarded to your insurance company on a standard form. Some information may also be provided on the statements and bills we give you. Presently, Wholeheared Healing does not bill insurance. We require payment at the time of treatment in the form of a check or cash. We do not accept credit cards at this time. We will be happy to provide you with all paperwork so that you may bill your insurance company for re-imbursement of treatment.

We take the security and confidentiality of your health information seriously. This may at times be an inconvenience to you, as we may not release information without written authorization from you.

By signing below you are signifying that you have read our notice of privacy practices.

Name:_____

Signature:_____ **Date:**_____

Special Requests:_____

HIPPA ACKNOWLEDGEMENT AND CONSENT

WHOLEHEARTED HEALING, PC

8311 SE 13TH AVENUE

PORTLAND, OR. 97202

I understand that Wholehearted Healing, PC will use and disclose health information about me. I understand that my health information may include information both created and received by the practice, may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

I understand that Wholehearted Healing may use and disclose my health information in order to:

- Make decisions and plan for my care and treatment.
- Refer to, consult with, coordinate among, and manage along with other health-care providers for my care and treatment.
- Determine my eligibility for health plan or insurance coverage, and submit bills, claims, and other related information to insurance companies or others who may be responsible to pay for some or all of my health care.
- Perform various offices, administrative, and business functions that support my physician's efforts to provide me with, arrange, and be reimbursed for quality, cost-effective health care.

I understand that I have the right to receive a written description of how Wholehearted Healing will handle health information about me. This written description is known as a Notice of Privacy Practices, and will describe the uses and disclosures of health information made and the information practices followed by any employees, staff and other office personnel of Wholehearted Healing. It will also inform me of my rights regarding my health information.

I understand that the Notice of Privacy Practices may be revised from time to time. I also understand that I am entitled to receive a copy of any revised Notice of Privacy Practices, should they change. In addition to this, I understand that a copy or a summary of the most current version of Wholehearted Healing's Notice of Privacy Practices will be available in the waiting area.

I understand that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the Notice of Privacy Practices. I also understand that Wholehearted Healing is not required by law to agree to such practices.

By signing below, I agree that I have reviewed and understand the information above, and that I have received a copy of the current Notice of Privacy Practices.

_____ _____

Patient Signature Date

_____ _____

Patient Representative (if applicable) Date