

OREGON CITY ACUPUNCTURE
619 Madison St #110
Oregon City, OR 503-653-1468

PATIENT RIGHTS / HIPPA regulations

The Health Insurance Portability and Accountability Act (HIPAA) was created to provide patients some protection of their health care information and control over the access and use of that information.

During your treatment at the clinic, your protected health information (PHI) will be used to diagnose and treat your condition. This information may include:

- Your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- Information from health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).

This PHI may also be shared with other health care providers, when needed, for them to assist in your treatment. This may include your name, birth date, SSN, diagnosis and treatment.

If a third-party payor is billed for payment, your PHI will be used to receive payment for services and supplies you have been provided. Your identification will be included as well as the treatment and herbs prescribed. Any financial transactions that have occurred with this office may be included.

We may be making reminder calls regarding appointment times, prescriptions and other related health related information. Messages with the clinic name and your name may be left with any answering parties or on any message devices.

We may be required to disclose your protected health information in the following circumstances:

- ☉ Disclosure to the U.S. Dept. of Health and Human Services in conjunction with investigation of our regulation compliance.
- ☉ To military authorities or authorized federal officials for intelligence, counterintelligence and other national security activities.
- ☉ If there is concern regarding abuse or neglect or if there is a serious threat to the health or safety to you or another person, it may be necessary for us to disclose your PHI to health or safety officials or another person.
- ☉ It may be necessary to release your PHI to public health or legal authorities charged with prevention and control of disease, injury or disability. For example, in cases of reportable communicable disease or product recall regarding any herbs, foods, supplements or health products we dispense.
- ☉ Should a law enforcement agency or correctional institution wish disclosure of your PHI, we may disclose this information following the lawful process and only if efforts have been made to tell the patient about the request or obtain an order protecting the requested health information.
- ☉ Under emergency conditions, or as needed for your personal care assistants, it may be necessary to disclose your protected health information to emergency personnel, a designated family member, close friend or other responsible parties.

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We will obtain your written authorization before using or disclosing your protected health information for purposes other than listed above. You may revoke an authorization at any time and use and disclosure will stop except in those situations as noted above.

You may request restrictions on the use and distribution of your PHI. Such requests must be made in writing. We are not required to agree to the restrictions, but if we do, we will abide by our agreement except in emergencies.

You have the right to see your records and request copies of your PHI. It must be made in writing. If you request copies, you may be charged a reasonable fee for copying and postage (if you want them mailed).

You have the right to receive an accounting of any disclosures of your PHI that may have been made. Information you will receive will include the date of disclosure, person or agency, the information provided and the reason for the request.

At *Oregon City Acupuncture*, you have the right to a respectful, positive and beneficial treatment and health care experience. We will strive to do our best in protecting your physical and emotional privacy in addition to your health care information.

Optimal health care involves clear, consistent communication. We will explain your diagnoses and treatments as clearly as possible. If you need more clarification, please ask. There are no stupid questions!

If you feel unsafe in any way, for any reason, at any time, SPEAK UP IMMEDIATELY.

The treatment process for each session will be reviewed with you each time and **you have the right to refuse any or all of the treatment**. Your input of what you feel you need and any limitations to a treatment will be welcome and discussion with your practitioner will occur so a positive outcome can be achieved.

We wish to thank you for coming to our clinic for care. It is an honor to be of assistance. At *Oregon City Acupuncture* you can expect protection & support for your body, mind, spirit and personal health information on your journey to optimum wellness. Please let us know how we may better assist you, at any time.

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WELCOME TO OUR OFFICE

Thank you for choosing this clinic to assist you on your path to wellness. We are committed to listening to your concerns and in turn, you are expected to communicate honestly and fully about your health and history so that we can diagnose and treat appropriately and safely. You are an active participant in your care.

PATIENT RESPONSIBILITIES

It is expected that you will **pay for treatment at the time it is provided**. If this will be a problem, please discuss this with your practitioner **before** the treatment so that other arrangements can be made. Cash, checks, credit / debit cards are accepted. We can provide you with a receipt that will contain the necessary information for you to submit to your insurance company for reimbursement. If we bill insurance you are expected to pay 50% of the treatment cost at the time of treatment plus any co-pay. You will be billed for any uncovered costs after we are reimbursed.

You are **expected to arrive at your appointment on time**. We understand that life happens and if you see that you will be delayed, if at all possible, please call and let us know. There is no guarantee that we will be able to see you that day if you are more than 15 minutes late. If tardiness or cancellations become chronic – 3 times in 6 months – you will **NOT** receive treatment that day and you **WILL** be billed \$75 for the appointment. Please make any cancellations at least 24 hours ahead, when possible. Repeated cancellations made after that time may incur a charge as stated above.

You are expected to respect the physical and emotional boundaries of anyone in the clinic as we are expected to respect yours.

If you feel unhappy about your treatment or care at the clinic or have concerns or distress about the outcome of any experience please let us know immediately. We cannot fix what we don't know is broken. Communication is a two-way street. You must be open and honest with us so we may provide safe and appropriate care.

It is also important for us to know of any side effects from any treatment or herbs prescribed IMMEDIATELY so that we can give appropriate instructions to minimize negative outcomes.

If you feel any action or treatment has been unsafe or inappropriate **AND** you have discussed this with the parties involved you have the right to report any incident to the appropriate regulating agencies:

Oregon Board of Medical Examiners (for LAc) 1500 SW First Ave Suite 620 Portland, OR 97201 503.229.5770 503.229.6543 fax bme.info@state.or.us	National Certification Commission for Acupuncture and Oriental Medicine 11 Canal Center Plaza Suite 300 Alexandria, VA 22314 703.548.9004 703.548.9079 fax info@nccaom.org	Oregon Board of Massage Therapists 748 Hawthorne Ave. NE Salem, OR 97301 503.365.8657 503.385.4465 fax www.oregonmassage.org
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Please keep this for your reference. You will be asked to sign that you have received this form & understand its contents.