



FOUR CORNERS

CHINESE MEDICINE

David Konikowski, L.Ac., MSOM, Dipl.C.H. (NCCAOM)
2530 Colorado Ave, Durango, CO 81301 ♦ info@fourcornerschinesemedicine.com ♦ +1-(970) 382-0321

NOTICE OF PRIVACY POLICIES

Our office provides service with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

We gather personal information and health information in several ways;

- Information we receive.
- Information we receive from other healthcare providers.
- Information we receive from third party payers.

This information is used for treatment, payment and healthcare operations.

You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for the treatment, payment, and healthcare operations.

You may specifically authorize us to use protected health information for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representation you choose to have your protected health information.

Marketing

This office will not provide your health information to any external agency or entity for marketing communications without your written authorization. This office may send birthday cards, newsletters, event notices and appointment reminders, by calls, post cards, letters, or email. Upon written request this office will withhold any or all such communications.

Disclosure

This office may use or disclose your Protected Health Information when required by law.

Your Health Information Rights

1. Upon written request you have the right to access, review or receive copies of your healthcare records used by us to make decisions about you. A reasonable copying charge may apply.
2. Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.
3. You have the right to receive a copy of this Notice of Privacy Policies.
4. You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information for treatment, payment, and health care operations. However, we reserve the right not to agree to the requested restriction.
5. You have the right to request that we amend your Protected Health Information; the request must be in writing. However, we may deny your request for an amendment, if we determine that the protected health information or record that is subject of the request:
 - a. was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - b. is not part of your medical or billing records;
 - c. is not available for inspection as set forth above; or
 - d. is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.



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6. You have a right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than you, except for disclosures:
 - a. to correctional institutions or law enforcement officials as provided by law;
 - b. for national security or intelligence purposes;
 - c. that are part of a limited data set (does not contain protected health information that directly identifies individuals);
 - d. that occurred prior to the date of compliance with privacy standards (April 14, 2003);
 - e. made to patient or their personal representatives;
 - f. for which a written authorization form from the patient has been received.
7. You have the right to revoke your authorization to use or disclose health information except to the extent that has already been disclosed in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

Our Responsibilities

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our patient/customer services or benefits, the notice will be posted on that Web site. Your health information will not be used or disclosed without your written authorization, except as described in this notice. Except as noted above, you may revoke your authorization in writing at any time.

Every effort is made to maintain scheduling practices that prevent delays in your appointment time. We ask that you also make every effort to arrive on time for your appointment.

Cancellation of an appointment less than 24 hours in advance or **Failure to Show** up for an appointment will result in the scheduled appointment fee. **Initial here** _____

Person Responsible for Treatment/Payment _____

Payment is expected at Time of Service: As of 03/2020, we ask that you maintain a current credit card on file for contact free billing. A superbill for services and products provided is available upon request.

I have read and understand the above.

Print Name

Signature

Date

If you have questions, complaints or want more information please contact this office.

Contact	<u>Privacy Officer</u>
Telephone	<u>+1(970) 382-0321</u>
Address	<u>2530 Colorado Ave, Suite 2A Durango, CO 81301</u>