

## OUR CLINIC PROTECTS YOUR HEALTH INFORMATION AND PRIVACY

Dear Valued Patient,

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company and with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners. We will obtain your authorization before disclosing any information.

### Safeguards in place at our office include:

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.

### Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, worker's comp and your employer, and other third party administrators (*e.g.* requests for medical records, claim payment information).

In certain states, you may be able to access and correct personal information we have collected about you, (information that can identify you -*e.g.* your name, address, Social Security number, etc.). We value our relationship with you, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at 425-881-2856.

Yours Sincerely,  
Mayme M. Fu, L.Ac  
People's Acupuncture, Eastside  
12835 Bel-Red Rd., Suite 125  
Bellevue, WA 98005

Please sign below after you have read the above disclosure:

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date