

MARYLAND ACUPUNCTURE CLINIC

Patient Privacy Information (HIPAA)

In general, the HIPAA privacy rule gives an individual the right to request a restriction on uses and disclosures of his/her Protected Health Information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

- Home Telephone
 - O.K. to leave a message with detail information
 - Leave message with call back number only

- Work Telephone
 - O.K. to leave a message with detail information
 - Leave message with call back number only

- Written Communication
 - O.K. to mail to my home address
 - O.K. to mail to my work/office address
 - O.K. to e-mail to this address: _____
 - O.K. to fax to this number: _____

I acknowledge that I have received, reviewed, and understand the Notice of Privacy Practices of the Maryland Acupuncture Clinic, which describes the policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received, or maintained by Maryland Acupuncture Clinic.

Print Name

Patient Signature

Date