Healing Hands Acupuncture

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. We encourage you to read it carefully and completely before signing this consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised notice of Privacy Practices. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices at any time.

You will have the right to revoke this consent at any time by giving us written notice of your revocation. Please understand that revocation of this consent will not affect any action that we took in reliance on this consent before we received your revocation, and we may decline to treat you or to continue treating you if you revoke this consent.

__ I have received a copy of this office's Notice of Privacy Practices. I have had the opportunity to ask questions about it and have been fully answered.

I authorize you to disclose health information to (leave message with, pick-up herbs, etc.) Choose at least one:

__ No person at this time

__ Spouse: _____

__ Family member: _____

__ Friend: _____

I, _____, have had full opportunity to read and consider the contents of this consent form and your Notice of Privacy Practices. I understand that, by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations.

Signature: _____ Date: _____

Cancellation Policy

I understand that there is a 24 hour notice cancellation policy. If I do not show up or cancel with less than 24 hour notice of my scheduled appointment, then I will be charged the full appointment price.

Signature: _____ Date: _____