



## East-West Healing Arts

### Practices Regarding Disclosure of Client Health Information

*Your health information will be routinely used for treatment / consultation, payment, and quality-monitoring, and your consent, or the opportunity to agree or object, is not required in these instances:*

**Treatment / Consultation-** Information obtained by your practitioner will be entered in your record and used to plan the services provided to you. Your health information may be shared with others involved in your care or providing consultation about your services. Your practitioner's own expectations and those of others involved in your care may also be recorded.

**Payment-** Your record will be used to receive payment for services rendered. A bill may be sent to either you or a third-party payer with accompanying documentation that identifies you, your diagnosis and / or practitioner's impressions, and procedure performed.

**Quality Monitoring-** Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

*In addition, the following disclosures are required by law and do not require your consent:*

**Food and Drug administration (FDA)-** This office is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products, and product defects for surveillance to enable product recalls, repairs, or replacements.

**Worker's Compensation-** This office will release information to the extent authorized by law in matter of Worker's Compensation.

**Public Health-** This office is required by law to disclose health information to public health and/or legal authorities to avert a serious threat to health or safety, to report communicable disease, injury, or disability, or to comply with mandated reporting requirements for tracking of birth and morbidity.

**Law Enforcement-** As required under state or federal law, your health information will be disclosed to appropriate health oversight agencies, public health authorities, law enforcement officials, or attorneys (1) in response to a valid subpoena; (2) in the event that an employee of this office believes in good faith that one or more clients, workers, or the general public are endangered due to suspected unlawful conduct of a practitioner or violations of professional or clinical standards; (3) when a clients is a suspected victim of abuse, neglect or domestic violence.

*It is our practice to consider the following as routine uses and disclosures for which specific authorization will not be requested. You have the right to request restrictions on these uses. Otherwise, we will request your authorization whenever disclosure of personal health information is necessary to parties other than those referenced here.*

**Business Associates-** Some or all of your health information may be subject to disclosure through contracts for services to assist this office in providing health care. To protect your health information we require these Business Associates to follow the same standards held by this office through terms detailed in a written agreement.

**Communication with Family-** Using best judgment, a family member, close personal friend identified by you, personal representative or other persons responsible for your care may be notified or given information about your care to assist them in enhancing your well-being or to confirm your whereabouts.

**East West Healing Arts** practitioners may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for the purpose of providing treatment, obtaining payment for your care and conducting health care operations.

Other than so stated, we agree not to use or disclose your health information without your written authorization.

Other than a disclosure which has already occurred, you may revoke this authorization in writing at any time.

Client Comments and Requests to Restrict or Provide Disclosures

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By my signature below I am indicating that I have read and understand the foregoing Notice of Privacy Information.

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Client Signature

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Date