Between Two Points Acupuncture LLC

Consent/Authorization For USE and Disclosure of Protected Health Information

Our privacy pledge: Between Two Points Acupuncture LLC is concerned with and committed to the protection of our patient’s and client’s privacy and ensuring the confidentiality of personal health information entrusted at our LLC.

Ways in which Between Two Points Acupuncture LLC may use or disclose your health care information include but are not limited to:

* **Another health care provider in the area for the purpose of diagnosis, assessment or treatment of your health condition**
* **Another party (Insurance, HMO, Employer for the purpose of receiving payment for services rendered to you)**
* **The use of that information within our practice for quality control or other operational services**
* **Business associates that we contract with to perform service for your benefit and bill for it**
* **Research**
* **The use of that information to contact you by telephone, mail, or email with appointment reminders, information about the clinic, treatment alternatives, or other health-related information that may be of interest to you.**

**Along with this consent form, you will be given a separate packet of our private policy notice that describes it in detail. You have the right to review that notice before signing this consent form. We reserve the right to change our privacy practices as described in that notice. The current notice, including the effective date, will be posted in the clinic facility on the website. And will be given to you when you come in for a treatment.**

***Your Right to limit uses or disclosures:*** *You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing. We are not required to agree to your restrictions; however, if we agree with your restrictions, the restriction will be binding on the LLC*

***Your Right to Revoke your authorization****: You may revoke any of your authorizations at any time; however, your revocation must be in writing. We will not be able to honor your revocation request if we have already released your health information before this LLC receives your request to revoke the authorization. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.*

**You have the right to refuse consent for disclosure of your personal health information. Without your consent, however, The Between Two Points Acupuncture LLC with not be able to submit claims to insurance carriers or other third-party payers and may not accept you as a patient/client.**

**INITIAL HERE I acknowledge receipt of the Between Two Points Acupuncture LLC notice of Privacy Policies**

**By signing below, I give consent to the Between Two Points Acupuncture LLC clinicians/staff to disclose my personal health information.**

**Print Name**

**Signature**

**Date:**

**Provider ONLY**

**Authorized Provider:**

**Date:**