ACORN ACUPUNCTURE – PRIVACY POLICIES

The Heath Information Portability and Accessibility Act (HIPAA) was designed to maintain the privacy of the “protected health information” that you share with a practitioner in order to get care. *Your personal health information is not disclosed to others unless you authorize me to share it with them OR a law authorizes me to share it.*

**The information I gather includes**

-financial (such as billing transactions)

-medical (such as family history, treatment notes)

-identity (such as address, birthday).

**You have the right to**

**-**see/copy the information I gather by making a written request to me and paying for any applicable copying costs. You may also correct the information I have kept.

-designate other individuals with whom I may share this information as necessary, such as a family member or a caregiver.

-receive a copy of this policy and to have your questions about it answered.

-complain: first, please communicate with me and, if unresolved, you may file a complaint with the Washington State Department of Health and/or the U.S. Secretary of Health and Human Services.

**I have obligations to** use this information for the purposes of

-providing you with services and treatment,

-collecting payment, and

-complying with legal requirements such as mandated reporting of certain diseases to the Department of Health or of suspected abuse/neglect/or domestic violence, or responding to Court Orders.

**In order to be in compliance with this law I**

1. Do not communicate with you using messaging or e-mail, UNLESS you authorize me to do so, with the exception of scheduling. Fax and USPS mail are the only methods of correspondence deemed secure. Despite this, many people find the convenience of messaging and/or e-mail warrant waiving this limitation.
2. Limit access to facilities where records are kept (both physical and electronic);
3. Will NOT use your information for marketing nor will I sell it;
4. Do not initiate communication with you in public settings – please greet me first to let me know you would like to say hello and understand that I will continue to use discretion.
5. Accept cash or check to avoid sharing any pertinent information with a credit card vendor such as square or stripe. Many people find the convenience of using a credit card warrant waiving this limitation. Consequently, I do have the option to accept credit card payment.

If you would like a printed copy of this policy or have questions before signing, please feel free to contact Sharonne O’Shea, L. Ac. At 360 999 1683 or [acornacupuncture.olympia@gmail.com](mailto:acornacupuncture.olympia@gmail.com).