



North Star Acupuncture

Deborah Meuse, Licensed Acupuncturist

Privacy Notice

At each session, I will make a written record of your visit including your health history, symptoms, examination, test results, treatment and plan of care. Your medical record with my office is a legal document written in a format appropriate to acupuncture. I will not disclose your health information without your authorization except to communicate with other health practitioners who contribute to your care, verify to your insurance carrier that services billed were actually provided, notify your emergency contact about your location and general condition in the event of an emergency, comply with the law, and provide you with appointment reminders or information of services that may be of interest to you.

Under the Federal Privacy Standard, you have the right to:

- Request a restriction on certain uses and disclosures of your information, except where information sharing is required by law (i.e. mandatory reporting of communicable diseases like tuberculosis)
- Inspect and obtain a copy of your health record (a \$5.00 charge)
- Request in writing to amend your health record unless it was not created by my office or it is inaccurate or incomplete.
- Receive a copy of this notice. If you do request a copy, the law requires me to ask you to acknowledge receipt of your copy.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Ask me to communicate with you by alternative means, if reasonable.

I am required by law to:

- Maintain the privacy of your health information.
- Provide you with a notice of my legal duties and privacy practices.
- Abide by the terms of this notice.
- Notify you if I am unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information via email or fax.
- Lesson the harm of any breach of confidentiality.

Should my information practices change substantially, I will post and/or provide a revised notice. Again, I will not use or disclose your health information without your authorization, except as described in this notice. If you have questions and would like additional information, you may contact Deborah Meuse, Licensed Acupuncturist at 603-562-5813.

I have read and understood the above Privacy Notice. I understand my rights and responsibilities regarding my medical information that is held by Deborah Meuse, LAc.

Patient Signature (parent or guardian if patient is under 18 years old)

Date Signed

If you request a copy of this notice, please sign below to acknowledge that a copy has been requested and received.

Patient Signature (parent or guardian if patient is under 18 years old)

Date Signed