

PRIVACY PRACTICES

Below is a brief summary of your rights and protections under the Health Insurance Portability and Accountability Act (HIPAA). You can acquire a full listing and explanation of your rights and privacy practices by going to the website at <http://www.hhs.gov/ocr/hipaa/> or by calling 1-866-627-7748.

You have the right to:

- Receive a notice that tells you how your health information may be used or shared.
- Ask to see and obtain a copy of your health records.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing
- Have corrections added to your health information.
- Request where you would like to be contacted.
- Ask that your information not be shared. For example, you could ask your doctor not to share your medical records with other doctors in the office.

If you believe your rights are being denied or your health information isn't being protected, you can:

- File a complaint with the U.S. Government
- File a complaint with your doctor

Dr. Jennifer Boyce will respect your rights to privacy. However, if it is necessary to reduce or prevent a serious threat to your health and safety, or the health and safety of another individual or the public, Dr. Boyce have the obligation to disclose any relevant information.

Please Initial:

_____ I understand that Dr. Boyce may disclose private information in circumstances where there is a threat to my health and safety, or the health and safety of another individual or the public. Therefore, I do not hold liable Dr. Boyce for disclosing private information in these circumstances.

_____ I understand that Lunar Integrative Medical works collaboratively as a team with practitioners that operate within Prescott Naturopathic Medical Group (PNG) in order to offer me the best medical care. Therefore, by initialing here, I indicate that I give my permission for Dr. Boyce to discuss my case with the other practitioners at PNG for the purpose of offering me excellent and integrated care. Your personal information will be protected under HIPAA privacy laws.

Additionally, with the objective of personalizing and coordinating my care with other practitioners. Dr. Boyce are authorized to discuss my personal medical information with the following people:

Name: _____

Phone: _____