

Auburn Community Acupuncture's (ACA) Pledge and Responsibilities Regarding Your Protected Health Information

We understand that medical information about you and your health is personal. We are committed to protecting health information about you and are required under federal and state law to take steps to protect this information.

ACA is required by law to:

- Take steps to protect the privacy of the medical information that identifies you;
- Provide you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

Uses and Disclosures of Your Protected Health Information

ACA may use and disclose your protected health information in many ways related to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your protected health information are listed below.

We may use or disclose your protected health information to provide you with medical treatment or services. As permitted by law, we may use or disclose your protected health information in relation to payment. We may use or disclose your protected health information in relation to health system operations.

We may also use or disclose your protected health information in the following miscellaneous circumstances:

- **Appointment Reminders**
- **Health-Related Benefits and Services**
- **Individuals Involved in Your Care**
- **As Required By Law**
- **Military**
- **Workers' Compensation**
- **Disaster Relief**
- **Public Health and Safety**
- **Lawsuits and Disputes**
- **Law Enforcement**
- **Military Activity and National Security**

Other uses and Disclosures of Your Protected Health Information

Other uses and disclosures of your protected health information not covered by this Notice or applicable laws will only be made with your written permission. You may revoke this permission by submitting a request in writing to the ACA office. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses or disclosures we have already made, with your permission, and that we are required to retain our records of the care that we provide to you.

Your Rights Regarding Your Protected Health Information

Unless indicated otherwise, you may exercise one of your privacy rights by submitting a written request to Auburn Community Acupuncture, 1407 Lincoln Way, Auburn, CA 95603.

You Have a Right To:

- ***Request to inspect and/or copy certain protected health information that may be used to make decisions about your care.***
- ***Ask us to amend certain protected health information.***
- ***Request an accounting of certain disclosures.***
- ***Request restrictions.***
- ***Request confidential communications.***
- ***Receive a paper copy of this notice.***

I, _____ have reviewed and understand the information provided to me in the Notice of Privacy
Name

Practices from Auburn Community Acupuncture.

Patient Name

Date

Patient Signature