



HIPAA Privacy Notice

Dear Valued Patient,

This notice describes our policy about how your medical information can be used or disclosed, how you can access this information and what steps are taken to protect your private medical information.

In order to provide a high level of service, we may need to share personal medical and financial information with your insurance company, with Worker's Compensation or any other medical providers that you authorize.

How Your Private Information is Safeguarded:

- We limit access to facilities where the information is stored.
- Policies and procedures for handling information
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone and faxes sent) are kept on file.

What Kind of Information Do We Gather and Use?

When we administer your health care, we gather and maintain information that may contain nonpublic personal information:

- About your financial transactions with us (billing).
- From your medical history, treatment notes, all test results and faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's compensation and other third party administrators (for example, requests for medical records and claim payment information).

In certain situations, you may be able to access and correct personal information that we have collected about you, (information that can identify you such as your name, address, etc).

We value our patients and respect their right to privacy. If you have any questions about our privacy guidelines, please call 775-813-7806 during regular business hours.

Sincerely,
Joey Rueckl

SYMMETRY ACUPUNCTURE

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care of treatment.

I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many healthcare professionals who contribute to my care
- A source of information for applying my diagnosis and treatment information to my bill.
- A means by which a third-party payer can verify that services billed were provided.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I understand that I have the right:

- To object to the use of my health information for directory purposes.
- To request restrictions on how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that the organization is not required to agree to the restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taking action in reliance thereupon.

I request the following restrictions to the use of disclosure of my health information:

Patient

Name (Printed)

Signature

Date

Birthdate