



## Notice of Privacy Practices

***This form describes the confidentiality of your health records, how the information is used, your rights, and how you may obtain this information.***

### **Our Legal Duties**

State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The content of material disclosed to us at Numinosity is covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

### **Use of Information**

Information about you may be used by the personnel affiliated with Numinosity for diagnosis, treatment planning, treatment, continuity of care, and billing. We may disclose it to practitioners at Numinosity who provide you with treatment, such as naturopathic doctors, chiropractors, mental health professionals, acupuncturists, massage therapists or employees and business associates affiliated with this clinic such as billing, quality enhancement, training, audits, and accreditation.

Both verbal information and written records about a client/patient cannot be shared with another party outside of Numinosity without the written consent of the client/patient or the clients/patient's legal guardian or personal representative. It is the policy of Numinosity not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

### **Exceptions to Confidentiality:**

- **Signed Consent:** You sign a consent to release information;
- **Duty to Warn:** If a client/patient discloses intentions or a plan to harm another person or persons;
- **Abuse:** If a client/patient states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult. Abuse includes physical and/or sexual abuse, domestic violence, neglect and exploitation.
- **Judicial or Administrative Proceedings:** Health care professionals are required to release records of clients when a court order has been placed.
- **Third-Party Billing:** For billing purposes, including insurance providers, managed care, and other third-party payers for payment of services. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of treatment, and summaries.
- **Defending claims** brought by a client/patient against a practitioner.

**Other Exceptions:**

- **Contacting Client/Patient:** In the event we must telephone you for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify us in writing if your contact information changes and if you have any special requests about how we leave information on a voicemail, or with someone answering the phone at your number.
- **Collection Company:** In pursuit of payment for services rendered and when payment has not been remedied.
- **Consultation with other Professionals:** Information about clients/patients may be disclosed in consultation with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed.

**Your Rights:**

- You may request in writing that I not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures I make with your health information beyond the above normal uses.
- You have the right to transfer copies of your health information to another practitioner. I will mail files for you.
- You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, there may be a reasonable fee for copies.
- You have the right to request an amendment or change to your health information. Give me your request in writing. If you want to include a statement in your file, please give it to me in writing. I may or may not make the changes you request, but I will be happy to include your statement in your file. If I agree to an amendment or change, I will not remove or alter earlier documents, but will add new information.
- If I change any of the details of this notice, I will notify you of the change in writing.

**Complaints:**

If you have any complaints or questions regarding these procedures, please contact your Numinosity practitioner. You may also file a complaint with the Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.

This notice goes into effect as of August 1, 2006. You have the right to receive a copy of this notice.

**I have read and understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.**

---

(Signature)

---

(Date Signed)

---

(Print Name)

---

(Client/Patient Name – if signing as a parent or legal guardian)