

## Notice of Privacy Practices

Our office is dedicated to providing service with respect for human dignity. Protecting your privacy and healthcare is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

### **We gather personal information and health information in several ways:**

- Information we receive from you
- Information we receive from other healthcare providers

### **Protected Health is any information that includes:**

1. Demographic information
2. Information gathered by this practice as related to my past, present, and future.
3. Information gathered by this office for past, present, future payments for providing healthcare services.
4. Healthcare operations activities including quality assessment activities, credentialing, business management, and other general operations, procedures and/or activities.

You may specifically authorize us to use protected health information for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representative you choose to make your protected health information available to.

**Marketing:** This office will not use your health information for marketing or communications without your written permission.

**Disclosure:** This office may use or disclose your Protected Health Information when required by law.

### **Patient Rights**

1. Upon written request you have the right to access, review or receive copies of your healthcare records.
2. Upon written request you have the right to receive a list of items this office disclosed about your healthcare information
3. You have the right to request that this office place additional restrictions on the disclosure of your Protected Health Information.
4. You have the right to request that we amend your Protected Health Information; the request must be in writing.
5. You have the right to receive all notices in writing

If you have any questions, complaints, or want more information, contact this office:  
US Dept. of Health and Human Services. (DHHS) Office of Civil Rights.  
200 Independence Ave. S. W. Room 509 F HHH Building, Washington, DC 20201

SUPERIOR BEING ACUPUNCTURE & WELLNESS  
KRISTINA POLZIN L.AC., DIPL. O.M.  
1730 E SUPERIOR STREET, SUITE 2  
DULUTH, MN 55812  
(218)461-8611

**Notice of Privacy Practices  
Receipt and Acknowledge of Notice**

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Superior Being Acupuncture & Wellness's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the office manager at Superior Being Acupuncture & Wellness.

Print Client's Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Client refuses to acknowledge receipt

Signature of staff member: \_\_\_\_\_ Date: \_\_\_\_\_