ACUPUNCTURE CENTER OF PORTLAND
511 SW 10th AVE, SUITE 1006 · PORTLAND, OR 97205

HIPAA PRIVACY NOTIFICATION

I consent to the use or disclosure of my identifiable health information by practitioners operating at Acupuncture Center of Portland ("ACP") for the purposes of diagnosis or treatment, obtaining payment for health care bills, or to conduct health care operations. I understand that diagnosis or treatment at ACP may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my identifiable health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Practitioners operating at ACP are not required to agree to the restrictions that I may request. However, if practitioners operating at ACP agree to a restriction that I request, the restriction is binding.

I have the right to revoke this consent, in writing, at any time except to the extent that practitioners operating at ACP have taken action in reliance on this consent.

My identifiable health information means health information, including my demographic information, collected from me and created or received by my practitioner, another health care provider, a health plan, my employer, a health care clearinghouse, or any other similar source. This identifiable health information relates to my past, present and future physical and mental health or condition and identifies me, or where there is a reasonable basis to believe the information may identify me.

I understand I have the right to review ACP's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my identifiable health information that will occur in my treatment, payment of my bills or in the performance of health care operations. The Notice of Privacy Practices is also provided at the front desk and on the organization's web site at www.acupuncturecenterofportland.com. This Notice of Privacy Practices also describes my rights and the duties of my practitioners with respect to my identifiable health information.

The practitioners operating at ACP reserve the right to change information contained in the Notice of Privacy Practices at any time. I may obtain a revised Notice of Privacy Practices by accessing the website or requesting the most current notice during any office visit.

Patient (or Guardian) Signature:_____ **Date**_____

Patient (or Guardian) Printed Name:_____