

Alaina Speraw, L.Ac.
10460 N 92nd St., Ste 204
Scottsdale, AZ 85258

Notice and Acknowledgement of Privacy policy and Procedures

As required by the Health Information and Portability and Accountability Act of 1996 (HIPPA), the practice of Alaina Speraw, may not use or disclose your personal health information without your written authorization.

THE PRACTICE HAS POLICIES AND PROCEDURES THAT MUST COMPLY WITH HIPPA LAWS; EVERY ATTEMPT HAS BEEN MADE TO KEEP THE PROCESS FOR PATIENTS AND STAFF AS EFFICIENT AS POSSIBLE. HOWEVER THE REQUIREMENTS ARE EXTENSIVE AND TAKE TIME, EFFORT AND COOPERATION TO PROCESS REQUIRED TASKS.

All patients are presented with certain notices and must sign certain forms. Depending on the course of treatment, some patients may be required to sign additional forms. The following is a summary of the common notices and forms:

Notice of Privacy Practices: This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Authorization for use or disclosure of protected health information: The practice may not use or disclose your health information for purposes other than treatment, payment, or health care operations without your written authorization. Your signature on this form indicates that you are giving permission to the people listed on this form, for the use and disclosure of the health information listed on the form, for the purpose on the form, to the people/organizations listed on the form. You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning it to this office.

Complaint: You have the right to complain about "The Practice's" privacy policies, procedures or actions. "The Practice" will investigate in any discriminatory or other retaliatory behavior against you because of a complaint.

Request to Amend protected Health Information: You have the right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. "The Practice" will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

Request for Inspection of Protected health information: You have the right to request the opportunity to inspect and copy health information that pertains to you. "The Practice" will evaluate your request and will either grant it or explain the reason the request will not be granted. In the event that your inspection request is not granted, you may request that the decision be reviewed by someone other than the person who denies the request.

Request for Accounting of Disclosure of Protected Health Information: You have a right to request an accounting of the disclosures of health information that pertains to you.

Confidential Channel Communications Request: You have the right to request that communications concerning your personal health information be made through a confidential channel.

Designation of a Personal Representative: You have the right to nominate one or more persons to act on your behalf with respect to protection of health information that pertains to you. By making this request, you are informing "The Practice" of your wish to designate the named person as your personal representative. You may revoke this designation at any time by signing and dating the revocation of your copy of this form and returning it to this office.

Acknowledgement and Receipt of Notice of Privacy Policies

I acknowledge that I have received and read the above Notice of Privacy Policy and Procedures and that I have had any questions regarding this notice answered to my satisfaction

Patient/Representative Signature

Date