One Earth
Natural Medicine Clinic

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

My signature confirms that I have been informed of my right to privacy regarding my protected health information, under the Health Insurance Portability and Accountability Act of 1996 ((HIPPA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers for my health care service; and
- Conduct normal health care operations such as quality assessment and improvement activities.

I have been informed of my medical provider's *Notice of Privacy Practices* containing a more complete description of the use and disclosures of my protected health information. I have been given the right to review and receive a copy of such *Notice of Privacy Practices* and that I may contact this office at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that Dr. Jones restrict how my private information is used or disclosed to carry out treatment, payment or health care operations and I understand that Dr. Jones is not required to agree to my requested restrictions, but if Dr. Jones does agree then she is bound to abide by such restrictions.

Patient name _____

Signature _____

Relationship to Patient _____

Date _____

Susan Jones ND
652 SW150th Street, Burien WA 98166
206-838-7704 www.oneearthmedicine.com