



Flowing River Clinic

COMPLEMENTARY ALTERNATIVE MEDICINE

Phone: 510.893.2929 • Fax: 510.893.2928 • 2929 Summit Street, Suite 102, Oakland, CA 94609

We are committed to protecting the privacy of your medical records. This notice describes how your information will be handled, and how to get access to your information. Please read it carefully.

- ✚ Rhoda Climenhaga, L.Ac., will acquire private information about patients. This is confidential and will not be discussed outside the office, except that Rhoda may discuss patients with other health care professionals in terms that do not allow identification of the individual.
- ✚ Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment.
- ✚ Your health care records, as well as your billing records, may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for payment of services provided to you.
- ✚ Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you. If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have a right to confidential communications and to request restrictions relative to such contacts, or contact by alternative means.
- ✚ Additionally, we may be required to disclose your health information in the following circumstances. In the event of an emergency; if required by law; if there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care; if ordered by the courts, government authorities, public health, law enforcement, coroners, or funeral directors; in the event of organ donations, research, military activity, or for national security.
- ✚ Patients have the right to receive an accounting of any such disclosures made by this office.
- ✚ Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.
- ✚ Patients must submit a written request for copies of their medical records at least 5 days in advance. The charge for copying records is 30 cents per page, with a \$15.00 minimum charge.
- ✚ Any complaints about these policies or requests for further information may be directed to Rhoda Climenhaga, L.Ac.

I acknowledge receipt of and consent to the above stated policies.

_____ **Date** _____

Patient's signature

Patient's Printed Name