



HALLOWITZ HOLISTIC HEALING, P.S.

TOBY HALLOWITZ, ND, MSOM, EAMP

Notice of Privacy Practices Acknowledgment under the Health Insurance Portability and Accountability Act (HIPAA)

I understand that, under the Health Insurance Portability Accountability Act of 1996, I have certain rights to privacy regarding my Protected Health Information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up on the multiple health care providers who may be involved in treatment directly and indirectly.
- Obtain payment for third party payers.
- Conduct normal healthcare operations such as quality assessments and certifications.

I have the option to receive, read and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosures of the health information. I understand this organization has the right to change its Notice of Privacy Practices from time to time and I may contact this organization at any time to obtain a current copy of this Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment and healthcare operations.

The HIPAA privacy rule gives individuals the right to restrict the use and disclosures of Protected Health Information (PHI). The individual also has the right to request confidential communications regarding their health care information. I wish to be contracted in the following manner regarding appointment confirmations, lab and test results, prescriptions, etc.:

Home telephone: _____ Leave message
_____ Leave message with name and call back number only

Work telephone: _____ Leave message
_____ Leave message with name and call back number only

Written communication: _____ Okay to mail to my home address
_____ Okay to mail to my work/office address

Patient name: _____ Date: _____

Name/relationship to patient: _____

Signature: _____

Office use only

I attempted to obtain the patient's signature in acknowledgment on the Notice of Privacy Practices, but was unable to do so as documented: _____

Reason: _____

Date: _____ Initials: _____