Our Clinic Protects Your Health Information and Privacy

Dear Valued Client,

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, with worker's compensation (and your employer as well in this instance), or with other medical practitioners that you authorize.

Safeguards in place at our office include:

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to comply with privacy laws.
- All medical files and records (including email, regular mail, records of telephone conversations, and faxes sent) are kept in a secured file.

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's comp and your employer, and other third party administrators *(e.g.* requests for medical records, claim payment information).

In certain states, you may be able to access and correct personal information we have collected about you.

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at (847)809-1200.

NORTH SHORE CHINESE MEDICINE, LLC CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

NAME (please print): _____

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment.

I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I understand that I have the right:

- To object to the use of my health information for directory purposes.
- To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that the organization is not required to agree to the restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taken action consistent with release.

The best number to reach me is: ______ home/work/cell.

My preferred email address is:_____

I agree that North Shore Chinese Medicine, LLC may leave a voice message regarding my health information or appointments at the above phone number or by email at the email address I have provided on this form.

Patient:		(print)
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Patient Signature or Legal	
Representative:	

Date: _____

Office Use Only: Accepted Denied

Signature: Date: