

Please sign one copy and return to me. You may keep the second copy for your records.

## **Marilyn Yohe, L.Ac., MAOM**

335 Broadway  
Cambridge, MA 02139  
617-354-2274

### **Privacy Policy**

***This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.***

#### **Understanding Your Acupuncture Health Record Information**

For each treatment you receive, a record is made of your visit. Typically this record contains your health history, current symptoms, examination results, oriental medicine diagnosis and treatment plans. This information serves as:

- A basis for planning your care and treatment.
- A legal document describing the care you received, written in a format appropriate to Acupuncture and Chinese Herbal Medicine.
- A tool to assess the appropriateness and quality of care you received.

#### **Your Rights Under the Federal Privacy Standard**

Although your health record is the physical property of your practitioner, you have certain rights with regard to the information contained therein. You have the right to:

- Request restrictions on the use and disclosure of your health information for treatment, payment and health care operations. This right does not include those required by law, for example mandatory reporting of communicable diseases like tuberculosis.
- You may ask us to communicate with you by alternative means and, if the method is reasonable, we must grant the request.
- You have a right to receive and keep a copy of this notice of information practices. If you do request a copy, the law requires us to ask you to acknowledge receipt of your copy.
- You have the right to inspect and copy your health information upon request. We reserve the right to charge a reasonable, cost-based fee for making copies.
- You have the right to request a correction of your health information, unless we did not create the record or if the record is accurate and complete.
- You have the right to obtain an accounting of non-routine uses or disclosures.
- You have the right to revoke authorization to use or disclose your health information at any time.

**With Regulatory Consent Granted by the Health and Human Services Department We May Use or Disclose Your Health Information for Treatment, Payment, and Operations.**

**For Example:**

- Your practitioner can use your personal health information to diagnose, plan and implement the best course of treatment for you.
- Your practitioner may also use your health information to receive payment from a third party payer, for example Worker's Compensation, if applicable and appropriate.
- In your best interest your practitioner may use your health information for quality assurance purposes to assess the care and outcome of your case.

**Our Responsibility Under the Federal Privacy Standard**

In addition to providing you your rights, the federal privacy standard requires your practitioner to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to your legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice
- Train our personnel concerning privacy and confidentiality
- Implement a sanction policy to discipline those who breach privacy/confidentiality policies.
- Lessen the harm of any breach of privacy or confidentiality.

If your practitioner uses your personal health information for other purposes, you will be informed and asked your permission in writing. You may revoke your consent for authorization at any time.

**How to Get More Information or to Report a Problem**

If you have any questions or problems or would like any additional information, you may contact:

**Marilyn Yohe, Lic.Ac., MAOM  
Cambridge Health Associates  
335 Broadway, Cambridge, MA 02139  
617-354-2274**

If you feel your rights as outlined in this notice have been violated, you have the right to file a complaint with the Secretary for Health and Human Services. If you file a complaint, we guarantee that your care will not be affected and no retaliatory action will be taken against you.

**Acknowledgment of Receipt**

I have received a copy of Marilyn Yohe, L.Ac., MAOM's privacy policy.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date