

Barbara Ricotta, Licensed Acupuncturist

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ACKNOWLEDGMENT OF RECEIPT OF HIPPA PRIVACY NOTICE

I, (print name) _____, have received a copy of this office’s Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- 1) Conduct, plan and direct my treatment and follow-up among health care providers who may be directly and indirectly involved in providing my treatment.
- 2) Obtain payment from third party payers.
- 3) Conduct normal health care operations as quality assessments and accreditation.

Abbreviated HIPAA Notice of Information Practices and Privacy Statement

How I Collect Information About You: Barbara Ricotta and designated personal assistants collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from health history taken in person, over the phone or via questionnaire.

What I Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to health history or insurance information, or directly or indirectly given to us, is held in **strictest confidence**. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How I Do Use Your Information: Information is only used as is reasonably necessary to provide you with health and wellness services which may require communication between Barbara Ricotta and health care providers, medical service providers, Herbal distributors, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of health care services you need including, but not limited to; or to obtain or purchase any type of herbal formulas or products for enhancing health and wellness. If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

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I have read, or have had read to me, the above privacy policy statement and have been given access to an in depth copy of this practitioner’s full length version of the policy. I have also had an opportunity to ask questions about its content, and by signing below I acknowledge that I have been informed of its content.

X _____ / /
Signature of patient **date**

_____/_____
Signature of Acupuncturist **date**