Five Element Acupuncture
Homer LLC

Policies and Privacy Notice

Payment and Cancellation Policy

Payment is due at the end of your appointment. Preferred payment methods are cash, check, Venmo or "Tap to Pay". We do not bill insurance, but we are happy to provide you with an emailed receipt for you to provide to your insurance company for possible reimbursement.

Your appointment is reserved especially for you. To encourage keeping appointment times, we have a **24-hour cancellation policy**. Appointments canceled with less than 24 hour notice, or missed entirely, will be **charged a $75 fee** to the card used to book, or added to your balance at your next appointment. Exceptions are considered for situations beyond your control.

Notice of Privacy Practices

Five Element Acupuncture Homer LLC is committed to protecting the privacy of your protected health information (PHI). Your PHI includes information on your health conditions and care, as well as any information that could be used to identify you. This Notice describes how we may use and disclose your PHI, your rights, and our legal obligations with respect to your medical information.

How your health information may be used:

- Treatment:
  - Coordinating with another healthcare provider in response to health or safety concerns.
  - In the event of a medical emergency.
  - Collaborating with another provider when deemed in the best interest of your care.
  - Making an appropriate referral.

- Public Health and Safety:
  - Reporting a threat of exposure to or spread of communicable disease.
  - Reporting child, elder, or dependent adult abuse or neglect.
  - Reporting reactions to medications or problems with products.
  - Reporting certain bodily injuries that may implicate a crime.

- Required by Law or Government Oversight:
  - Responding to a valid court order, subpoena, or other legal process.
  - Carrying out audits, inspections, compliance reviews, or licensing activities required to oversee this practice.
  - Responding to certain law enforcement or other government requests when disclosure is required by law.

Your health information will not be shared or disclosed beyond the scenarios described in this Notice. Any other disclosure will require written permission from you or your legally responsible party. In the event of a breach that may have compromised the privacy or security of your health information, you will be notified promptly.

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Your rights regarding your health information:

- Right to Inspect and Obtain Copies of Your Health Information:
  You may put in a written request to review and/or obtain a copy of your medical record. You may be charged a reasonable fee to duplicate and assemble your copy.

- Right to Know Who Has Received Your Health Information:
  You may put in a written request to receive a list of certain disclosures made of your health information. You have the right to ask for a description of how and where your health information was used for any reason other than for treatment, payment, or health operations.

- Right to Request Restrictions:
  You have the right to ask us to limit the information we share. We are not required to agree to your request and may refuse your request if it interferes with the law or we feel it will affect your care. We will make every effort to honor your request.

- Right to Confidential Communication:
  You may request changes in how or where we can contact you. We are not required to agree to your request, but we will make every effort to honor reasonable requests.

- Right to Request a Change to your Health Information:
  You may put in a written request to change or make an addition to your health information. While information from your record cannot be erased, you have the right to ask that we update or modify your records if you believe your record to be incorrect or incomplete. Please know that we are not required to agree to the amendment, and may deny your request. You will be provided a written explanation if your request is denied.

- Right to File a Complaint:
  If you feel your privacy rights have been violated, you have the right to file a complaint. We cannot retaliate against you for making a claim. You may direct your compliant to Five Element Acupuncture Homer LLC, or to the Department of Health and Human Services (HHS).

- Right to Policy Access:
  If the terms of this Notice change, you will be provided with a revised Notice of Privacy Practices. You may request a copy of this Notice at any time.

By signing below, I acknowledge that I have received and reviewed the Policies & Privacy Notice of **Five Element Acupuncture Homer LLC**. I understand the payment and cancellation terms, and I have been informed of my rights regarding my health information, and how it may be used or disclosed as permitted by law.

Patient Signature:	Date:
Responsible Party Signature (if different to patient):	Date: