

LIFESPAN



NATUROPATHIC MEDICINE

Angela Ross, Doctor of Naturopathic Medicine

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Notice of Privacy Practices and Your Health Information Privacy Rights

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain privacy rights concerning your health care information. Under this law your health care provider generally cannot give your information to your employer, use or share your information for marketing or advertising purposes, or share private notes about your mental health counseling sessions without your written consent. As one of your health care providers, it is our responsibility to keep your information safe and secure.

It is important that you understand the following points:

- A record will be kept of the health services provided to you. This record will be kept confidential and will not be released to others unless specifically directed by you or your representative, or unless it is required by law.
- Your information may be shared...
 - For your treatment and care coordination. Multiple health care providers may be involved in your treatment directly and indirectly.
 - With family, friends, relatives, or others that you identify who are involved in your health care or health care bills.
 - To protect the public's health (for example, reporting when the flu is in your area).
 - When there is a threat to health or safety that involves you harming yourself or others.
 - To make required reports to the police (for example, gunshot wounds).
 - When there is a worker's compensation claim being paid by your employer.
 - To obtain payment from third party payers (for example, from insurance companies).
- You may look at your health record or request a copy of it at any time.
- Your health records will be kept for a minimum of ten years after the date of your last visit.
- Lifespan Naturopathic Medicine follows strict HIPAA guidelines to protect your health information.
- You are entitled to receive updates upon request if Lifespan Naturopathic Medicine amends or changes its Notice of Privacy Practices in a material way.

In order to provide you with service that best meets your privacy needs, please tell us how best to contact you when needed. Please check all that apply:

Please do not phone me at home. Use this alternate phone number:

Please do not phone me at work. Use this alternate phone number:

Please do not leave messages on my answering machine.

Please do not contact me by email.

Please send mail, including my bills, to this alternate address:

Other request (please describe): _____

If applicable/desired, please list those with whom you are willing to have us share your health information or discuss your treatment:

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I, _____, hereby acknowledge that Lifespan Naturopathic Medicine has provided me with a copy of its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact Dr. Angela Ross at 206.400.7550.

Patient Name

Patient/Guardian Signature

Date

