

John Ditmars, M.S., LAc., Dipl. Ac. (NCCAOM)
Notice of Patient Confidentiality and Health Information Privacy

In order to maintain the highest level of healthcare service I may provide for you, as the patient, I would like to inform you of how your medical records and information are stored and used at my practice. This notice describes the policy of record and private information protection, and how you may access your information if need be. Please note that by your authorizing me to do so, I may share your personal information with your other healthcare providers or insurance companies, at your request.

Safeguards for your information include:

Limited access to facilities where information is stored;
Policies and procedures regarding the handling of your information in confidentiality;
All medical files and records are kept on permanent file;
Requirements for third parties to contractually comply with privacy laws.

Types of information that I gather and use (non-public):

Patient medical history, treatment notes, emails, letters, and phone conversations between us in regards to your treatments at my practice;
Records of all financial transactions between patient and provider;
Any notes from other practitioners, administrators, or insurance companies, regarding your case.

You are always entitled to copies of your records upon completion of a Records Release Form, which I may provide you upon request.

By signing and dating this form, you state you have read and thus fully understand and agree with the above information.

Patient Signature and Date

Please print your name here