



*Health Information Privacy Consent Form*

# **Rainbow Health Solutions**

*Bio-Individualized Multi-Dimensional Approach to Health*

This Notice of Privacy Practices provides information about how our practice may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. Please review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures our practice has already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

You, the patient understand that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations
- The Practice provides Notice of Privacy Practices below for your review
- The Practice reserves the right to change the Notice of Privacy Practices.
- You, the patient have the right to restrict uses of your protected health information by our office
- You may revoke this Consent in writing at any time and all future disclosures will cease from the time we receive the notice
- The Practice may condition providing treatment upon the execution of this Consent.

## **Notice of Privacy Practices**

(Not every use or disclosure category is listed)

- **For Treatment:** Our practice may use your protected medical information to provide you with healthcare services, including acupuncture, Cyberscan, lab testing and supplement and lifestyle recommendations. We may disclose your medical information to family members or others who play a role in your medical care.
- **For Payment:** Our practice may disclose and use your medical information for billing and collecting payment from your health insurance company or another third party.
- **Appointment Reminders:** Our practice may disclose and use medical information to contact you to remind you of your appointment.
- **As Required by Law:** Our practice may disclose medical information about you when required to do so by federal, state and local law.
- **To Avert Serious Threat to Health and Safety:** Our practice may use and disclose medical information about you when necessary to prevent serious threat to your health or safety, or the health and safety of another person.

- Workers Compensation: Our practice may release medical information about you to workers compensation or a similar program. These programs provide health care benefits for work related conditions.
- Public Health risks: Our practice may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including abuse, neglect or domestic violence. We may also, when authorized by law to do so notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease.
- Lawsuits and Disputes: If you are involved in a lawsuit or dispute our practice may be required to disclose medical information about you in response to a court order, subpoena or other lawful process, whether submitted by you or by someone else.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Patient  
(if other than patient): \_\_\_\_\_

Date: \_\_\_\_\_