Pacific NW Herbs & Acupuncture

645 NE 3rd St. Suite 200-McMinnville OR 97128

503-860-5009 – www.pnw-herbs.com

HIPAA Notice of Privacy Practices and Consent/Written Acknowledgement

I hereby consent to the use and disclosure of my protected health information by Pacific NW Herbs & Acupuncture for the purposes of treatment, payment and healthcare operations, or as otherwise required by law.

I acknowledge that I have the right to review or receive a printed copy of the Notice of Privacy Practices provided by Pacific NW Herbs & Acupuncture prior to signing this consent. The Notice of Privacy Practices describes how medical information about me may be used and disclosed, and how I can access this information.

I have the right to request restrictions to the usage and disclosure of my protected health information.

I have the right to request an alternative to the standard method of communication of my protected health information.

I understand that if I wish to revoke this consent at any time, I will do so in writing to the address above, or contact Pacific NW Herbs & Acupuncture. I understand that Pacific NW Herbs & Acupuncture may honor these requests, they are not required by law to do so. I also understand that revocations will be honored as of the date they are received by Pacific NW Herbs & Acupuncture.

I am aware that Pacific NW Herbs & Acupuncture reserves the right to change the terms of their Notice of Privacy Practices Policy and to make new notice of Privacy Practices provisions effective for all protected health information that they maintain. In the event of amendments, Pacific NW Herbs & Acupuncture will make available a revised Notice of Privacy Practice for my review.

Patient Sign_____Date_____

Parent, Guardian, Responsible(if patient under 18)
_____Date_____