SPARK HOLISTIC HEALTHCARE

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS

This notice describes how medical information about you may be used and disclosed, your rights as a patient, and ways for you to get additional information on our policies.

We will always be respectful and protective of your personal information. Under federal regulations (the HIPAA Privacy Act), we have adopted additional guidelines to ensure the proper use, confidentiality and disclosure of your health information.

We may release or disclose your health information:

- For treatment purposes to another healthcare provider or clinic if I refer you, or to providers or staff within our clinic that are taking part in your healthcare.
- For billing and collection purposes, I may release records of your healthcare and information that you have provided to your insurance carrier or other financially responsible parties.
- For operational purposes within our clinic for quality control, office administration, record keeping, and staff training.

We may also use your personal health information to contact you regarding your appointments, to send you information about our clinic or office events, or to share treatment options. You have the right to refuse to provide authorization for us to contact you regarding these matters. If you would like to receive this information at a number or address other than your home, or if you would like the information in a certain form (phone, mail or email), please advise us in writing.

You have the right to inspect, obtain a copy of, or amend your records at this office. If you do not provide us with this authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care. Requests to inspect, copy or amend your health related information should be provided in writing.

We will not disclose information about you to anyone outside our office without your written approval. Information we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice or practices, you should direct your complaint in writing to the Clinic Director.

Printed Name of Patient or Representative	Signature	Date