

Golden Root Acupuncture LLC-HIPAA Policy

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Patient acknowledges: (please initial each line)

___ **You may request an electronic or paper copy of your medical record**

___ **You may ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

___ **You may ask us to limit what we use or share**

___ **You must authorize release of your record to any other care provider for any purpose other than insurance billing**

___ **You may get a copy of this privacy notice**

_____ Date ____/____/____
Name of Patient or Patient Representative (Print)

Signature of Patient or Patient Representative

Relationship to Patient (if other than patient)

Golden Root Acupuncture LLC
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