

CONSENT/AUTHORIZATION FOR USE OF PROTECTED HEALTH INFORMATION

PRIVACY PLEDGE: Blackstone Acupuncture, LLC is committed to the protection of our patients' and clients' privacy and the confidentiality of personal health information.

The following list are some of the ways that Blackstone Acupuncture, LLC may use or disclose your health care information. These ways include, but are not limited to:

- Providing information to another health care provider or facility for the purpose of diagnosis, assessment, or treatment of your health condition.
- Providing information to another party, such as an insurance carrier, HMO, or employer for the purpose of receiving payment for services rendered to you.
- Using information within the Blackstone Acupuncture, LLC practice for operational purposes.
- Providing information to business associates that Blackstone Acupuncture, LLC contracts with to perform a service for your benefit.
- Using information to contact you by telephone, mail, or email with appointment reminders, lab or imaging results, information about the Blackstone Acupuncture, LLC clinic facilities, treatment alternatives, or other health-related information that may be of interest to you.

Along with this consent form, you have been given a copy of the Blackstone Acupuncture, LLC privacy policy that describes the privacy policies in detail. You have the right to review that notice before you sign this consent form. Blackstone Acupuncture, LLC reserves the right to change the privacy practices as described in that notice. The current notice will be given to you at your first treatment.

Your Right to Limit Uses or Disclosures: You have the right to request that Blackstone Acupuncture, LLC does not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let Tlahtoki Xochimeh, Ph.D., L.Ac., know in writing. Blackstone Acupuncture, LLC, is not required to agree to your restrictions; however, if Blackstone Acupuncture, LLC agrees with your restrictions, the restrictions are binding for Blackstone Acupuncture, LLC.

Your Right to Revoke Your Authorization: You may revoke any of your authorizations at any time; however, your revocation must be in writing. Blackstone Acupuncture, LLC will not be able to honor you revocation request if Blackstone Acupuncture, LLC has already released your health information before the request to revoke your authorization was received. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

YOU HAVE A RIGHT TO REFUSE CONSENT FOR DISLCOSURE OF YOUR PERSONAL HEALTH INFORMATION. WITHOUT YOUR CONSENT, HOWEVER, BLACKSTONE ACUPUNCTURE, LLC WILL NOT BE ABLE TO SUBMIT CLAIMS TO INSURANCE CARRIERS OR OTHER THIRD PARTY PAYERS AND MAY NOT ACCEPT YOU AS A PATIENT/CLIENT.

Initial here:

[] I acknowledge receipt of the Blackstone Acupuncture, LLC Notice of Privacy Practices

By signing below, I give consent to Blackstone Acupuncture, LLC staff and Tlahtoki Xochimeh, Ph.D., L.Ac., to disclose my personal health information as noted above.

Printed Name

Authorized Provider Representative

Signature

Date

Date

3249 Hennepin Avenue, Suite 227
Minneapolis, Minnesota 55408

2913 Harriet Ave. S. Suite 103
Minneapolis, Minnesota 55408