

Judith Brooks L.Ac., LMBT NC Licenses: #133, #1313

Notice of Privacy Practice

Understanding Your health record: A record is made each time you visit the office. Your current symptoms and a plan of treatment are recorded. This record serves as a basis for planning your care and treatment for future visits.

Understanding what information is retained in your record and how that that information can be used will help you make informed decisions about your health care.

Understanding your health information rights: You have the right to review or obtain a paper copy of your health record. You have the right to request restrictions on certain uses and disclosures of your information, to authorize disclosure of the record to others, and to be given an account of those disclosures.

My responsibilities: Judith Brooks L.Ac, LMBT, is required to maintain the privacy of your health information and to provide you with this notice of her privacy practices. Judith Brooks is required to follow the terms of this disclosure and promises to make a good faith effort to notify you of any changes. She agrees not to use or disclose your health information without authorization.

If you believe your privacy rights have been violated, you have the right to file a complaint with Judith Brooks, L.Ac.,LMBT or with the US Secretary of Health and Human Services.

I, _____, have received a notice of this Privacy Practice Disclosure and I realize that my health information is confidential and that any disclosure of my health records is to be authorized by me the client.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____