



## Notice Of Privacy Practices / HIPPA

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. We are legally obligated to provide this information to you. It is subject to change and updated versions are always available from Bruce K. Roff, DACM, LAc.

The majority of the time Bruce K. Roff, DACM, LAc is the only person with access to your medical information; however, there will be a few instances where he may share pertinent information about you for the purposes of treatment, payment or health care operations. He may disclose your health information to other health professionals their staff or students who may consult on your treatment or the coordination of your health care.

Bruce K. Roff, DACM, LAc also uses and discloses your health information for billing and payment collection from you, an insurance company, or someone else for health care services you receive from us. We may also tell your insurance company about your proposed treatment to determine whether your plan will pay for your treatment.

Bruce K. Roff, DACM, LAc may use and disclose your health information in order to run the necessary administrative, educational, quality assurance and business functions of this practice/ Data about effectiveness of treatments and what services Bruce K. Roff, DACM, LAc should offer, may be gathered from patients health information. Bruce K. Roff, DACM, LAc may also use and disclose your health information to contact you regarding your treatment options, products or services, for appointment reminders, and in the form of testimonials.

Other potential instances in which your health information could be disclosed without your explicit permission include legal obligations at the federal, state and local level to disclose to specified parties for purposes including subpoenas/court orders, public health risks, government agency oversight of healthcare, threats to health or safety, disaster relief, national security for identification of deceased persons, or for the purpose of organ or tissue transplantation. Military command or government authority may acquire information about veterans or members of the military. Correctional institutions may acquirer information about inmates for the purpose of providing health care and safety. Information about employees can be disclosed to employers regarding workers compensation type programs.

With some rare exceptions, you have the right to access and get a copy of any data regarding your health information from Bruce K. Roff, DACM, LAc. In the exceptional cases in which we are permitted to withhold information from you, you may ask that the denial be reviewed. You have the right to amend your health information. We will amend the information, except if it A) is not information that we created, (unless the source of the information is no longer available to make the amendment), B) is not part of the health information that we keep, C) is of a type that you would not be permitted to inspect and copy; D) is already accurate and complete.

Bruce K. Roff, DACM, LAc seeks to maintain confidentiality regarding your health information. We are happy to discuss your concerns about these matters and consider further restricting use and disclosure of your health information.

680 East Meeting Street, Suite E, Dandridge, TN 37725

Bruce K. Roff, DACM, LAc	License: 0000000326	NPI: 1538415286	rootsofwellness.health	P: 865.973.7202	F: 855.691.8540
Patient Name:				Au:	Dx:



## HIPPA

This notice summarizes how health data about you may be used and shared and how you can get access to this data. **IMPORTANT NOTE:** This does not include all of the details about our privacy policy. For more details, please read the NOTICE OF PRIVACY PRACTICES that your practitioner has provided you.

**I. How I may use and share health data about you:**

- a) Treatment - To give you medical treatment or other types of health services.
- b) Payment - To bill you or a third party for payment for services provided to you.
- c) Health Care Operations - For our own operations such as quality control, compliance monitoring, audit, etc.
- d) Testimonials- For the use on website, social media pages, and in the office to show what has and can be treated.

**II. Disclosures where we do not have to give you a chance to agree or object:**

- a) To you
- b) As required by federal, state, or local law
- c) If child abuse or neglect is suspected
- d) Public health risks (for public health activities to prevent and control spread of disease)
- e) Lawsuits and disputes (in response to a court or administrative order)
- f) Law enforcement (to help law enforcement officials respond to criminal activities)
- g) Coroners, medical examiners and funeral directors
- h) Organ or tissue donation facilities if you are an organ donor
- i) To avert a threat to an individual or to public health safety

**III. Disclosures where we have to give you a chance to agree or object:**

- a) Patient directories - You can decide what health data, if any, you want to be listed in patient directories.
- b) Persons involved in your care or payment for your care - We may share your health data with a family member, a close friend, or other person that you have named as being involved with your health care.

**IV. Other uses of health data:** Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

**V. You have the following rights relating to the health data we keep about you:**

- a) Right to inspect your health record and to receive a copy of your health record upon request
- b) Right to amend information in your health record you believe is inaccurate or incomplete
- c) Right to know to whom we have disclosed your health information
- d) Right to ask for limits on the health information data we give out about you
- e) Right to receive communication from us about your health information in alternate ways
- f) Right to a paper copy of the complete Notice of Privacy Practices

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**Email Authorization and Consent Agreement Between Bruce K. Roff and Patient**

Email is never ever appropriate for urgent or emergency problems. Email is not confidential. Employers have a legal right to monitor email if they choose; system operators for most email systems have access to all email that passes through their systems. Email communications travel across the public Internet.

It is not always possible to verify that email is actually received, opened and read by addressee. There is not a way to assure the privacy of email on a shared computer or email account. All email will become part of my medical record at Sophia Natural Medicine.


It is extremely important to include my name on each and every email sent to **rootsofwellness.tn@gmail.com** Since email may not be monitored while my I am away on business or vacation, I will follow up by telephone or in person, if I do not receive a response within a week.

I have been provided with information about the use of Internet email communicate matters pertaining to my health and health care, and I understand the issues and concerns adherent in this use.

I have been provided with information about the use of Internet email communications between my health provider, including information concerning my health care and personal medical information. I understand that I may revoke this agreement at any time by contacting my clinician.

I designate that all email correspondence coming from me to me should be sent to the following Internet email addresses.

**I acknowledge that I have received the NOTICE OF PRIVACY PRACTICES of this practice.**

<b><u>Email Address:</u></b>	
<b><u>Patient Signature:</u></b>	<b><u>Date:</u></b>
<b><u>Printed Name of Patient or Guardian:</u></b>	
<b><u>Office Signature:</u></b> 	<b><u>Date:</u></b>
<b><u>Printed name of clinician:</u> Bruce K. Roff LAC</b>	

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