

HEALTH & ENERGY, P.C.

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Our commitment at *Health & Energy, P.C.* is to serve our patients with professionalism, caring, & compassion, making sure at all times to protect the privacy and security of all protected health and personal information. (Please note: At this facility, any piece of paper that is discarded with patient information on it is shredded.)

Your information could be shared:

- With acupuncturists working with *Health & Energy, P.C.*, accessing your information on an “as needed” basis.
- With a supervising physician working with *Health & Energy, P.C.*
- Medical staff, for example, if you request lab work.
- For payment and collection purposes, or services of an accounting firm and/or collection agency.
- With law enforcement or in court, in the event of a court subpoena, or other situation where it would be legally required.

→ Regarding **EMAIL**: We **never sell or trade** your information with anyone, nor any business, because we would not want it done with our own, personal information.

At *Health & Energy, P.C.*, we are committed to obeying all Federal, State and Local Laws and Regulations regarding privacy practices (such as HIPAA). If any other uses or disclosures than the ones listed above are needed, information will be released only with the written authorization of the individual involved. This written authorization may be revoked at any time by the individual, or power-of-attorney, as required by law.

If you have any questions or comments regarding your protected, confidential, health and personal information, feel free to contact our compliance officer, Dr. David Krofcheck, OMD, at (269) 962-2836 (*Battle Creek*), or (269) 345-7075 (*in Kalamazoo*).

If at any time you would like to speak more privately with us, please let us know!

PLEASE SIGN BELOW:

I have read and understand the above *Notice of Privacy Practices* and have been offered the detailed copy (on this clipboard) of such for my own records.

Signed _____ Date _____

HEALTH & ENERGY, P.C.

Voluntary treatment and mutual arbitration agreement

I the undersigned, hereby give my voluntary consent for the administration of medical treatment by the methods of *Traditional Oriental Medicine*. The techniques used will include, but are not limited to one or more of the following:

Acupuncture, acupressure, electro-acupuncture, moxibustion, or massage

I am aware that the use of these techniques, to which I am consenting, are not commonly practiced in this community. I acknowledge and have been informed that there are no guarantees promised through the use of these techniques.

It is agreed by all parties that any dispute, claim, allegation or law suit related to the treatment, care or professional services rendered under this agreement will be determined and adjudicated by submission to arbitration as provided by the American Arbitration Association, in accordance with Michigan law. All parties to this contract, by entering into it, agree that they are freely and voluntarily consenting to waving the right to have any such dispute decided in a court of law before a jury.

X _____
Signature of Patient/Parent/Guardian

Today's Date