

**Long Life Acupuncture & Herbs, Corp.**  
**Jianxin Huang, L.Ac.**  
**Cabrini Medical Tower - 901 Boren Ave, # 1700**  
**Seattle, WA 98104 Phone: (206) 525-4845 Fax: (206) 525-4739**

**Privacy Policy and Practices**

**A notice to my patients about my privacy policy and practices**

I am committed to maintaining the confidentiality of your personal financial and health information. Federal law requires me to inform you of my policy and practices as long as I provide services to you. From time to time, I may need to revise this policy and practices. I will inform you of such changes that may affect you rights

**How I protect your personal information**

Acupuncture treatment by Jianxin Huang will protect your personal information in a variety of ways. For example, I authorize individuals to access your personal information only to the extent necessary to conduct my business of serving you, such as paying your claims. When I share information with insurance companies, other practitioners or other third parties, they are also required to maintain the confidentiality of your personal information. My privacy policies and practices apply equally to current and former patients, so you can be assure that I will maintain the confidentiality of your information even if you no longer have a relationship with treatment by Jianxin Huang.

**Information I may obtain**

I obtain your personal information that I need to: A) Offer or provide you with services B) Conduct my normal business functions Q Comply with the law Example of your personal financial and health information include your name, social security number, address, telephone number, account number, employment, medical history, health records, claims information, prescriptions, diagnoses, charges, etc. I obtain most of your information directly form you or from your exchanges with other parties. This includes information provided to me on the paperwork. I may also obtain information from third parties related to your medical history and other personal information. These third parties may include health care providers and other health plans or insurers and state and federal agencies.

**Information I may disclose**

I may disclose the personal information I obtain about you as described above with other practitioners or with third parties for our normal business functions. Examples of how I may serve you in normal business functions include: A) Processing charges for services B) Billing (when applicable) Acupuncture Treatment by Jianxin Huang may also disclose your personal information as permitted or as required by law.

Signature:



**Patient Acknowledgement**

I acknowledge that I have been given the copy of 'Notice of Privacy Practices' by Dr. Huang and his staff member. *(Print this form, sign below and send to Dr Huang's office by fax, scan/email or snail mail.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_