

# Healing Hands Clinic of Natural Therapies, LLC

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Salem, OR 97302  
Phone: 503-588-6633 Fax: 503-540-3427

In keeping with HIPAA (Health Insurance Portability Accountability Act) regulations, we are providing you with a copy of our privacy policy. HIPAA requires all health care providers offer their patients with a written privacy policy regarding their health records under their control. You may request a copy of our policy at any time.

The information contained in your personal health records will only be provided to other health care professionals upon doctor's referral or the patient's signed consent. Other health care professionals are also obligated to maintain privacy with regards to your personal medical records. Requests for your records will only be provided if there is an authorized signature from the patient for which the records pertain, and must outline the specific information requested, the date of the request, and the entity to which the records are sent. Faxed requests will not be accepted, except when requested directly by the patient. Authorizations for release for personal health records may be revoked in writing at any time. You have the right to request and receive any information contained within your personal health records.

If you want more information about our privacy policies or have questions or concerns, please contact us. If you feel that our clinic has not provided adequate privacy regarding your medical records we ask that you notify us immediately. If you then feel that appropriate actions were not taken in response to your concerns, to assure your privacy rights, you may submit a written complaint to the Department of Health and Human Services.

Please sign below acknowledging that you have read and understand our policy on maintaining and sharing medical records.

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**Patient's Printed Name**

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**Signature of Patient or Legal Guardian**

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**Date**