HIPAA Notice of Privacy Practices and Consent/Written Acknowledgement

I hereby consent to the use and disclosure of my protected health information by Kwan Yin Healing Arts Center for the purposes of **treatment**, **payment and healthcare operations**, or as otherwise required by law.

- I acknowledge that I have a right to review or receive a printed copy of the Notice of Privacy Practices provided by Kwan Yin Healing Arts Center prior to signing this consent. The Notice of Privacy Practices describes how medical information about me may be used and disclosed, and how I can access this information.
- I have the right to request restrictions to the usage and disclosure of my protected health information.
- I have the right to request an alternative to the standard method of communication of my protected health information.
- I understand that if I wish to revoke this consent at any time I will do so in writing and submit to the address listed below. I understand that while Kwan Yin Healing Arts Center may honor these requests, they are not required by law to do so. I also understand that revocations will be honored as of the date they are received by Kwan Yin Healing Arts Center at the following address:

2330 NW Flanders St, Suite #101
Portland, Oregon 97210

- I understand that if I have any questions or complaints I may submit them in writing to the address above or contact Kwan Yin Healing Arts Center by phone at: **503-701-8766**.
- I am aware that Kwan Yin Healing Arts Center reserves the right to change the terms of their Notice of Privacy Practices and to make new notice of Privacy Practices provisions effective for all protected health information that they maintain. In the event of amendments, Kwan Yin Healing Arts Center will make available a revised Notice of Privacy Practice for my review.

_____
Patient ***print name***

_____ _____
Patient ***signature*** Date

_____ _____
Parent (under 18), Guardian, Responsible Party Date

THIS SECTION IS TO BE COMPLETED BY KWAN YIN HEALING ARTS CENTER IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

I made a good faith effort to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

☐ Patient declined to sign this Written Acknowledgement
☐ Other (specify):

_____ _____
Name and title of employee Date

PATIENT NAME:_____ PATIENT DOB:_____

PERSONAL IDENTIFICATION INFORMATION

Please be aware that you do NOT have to provide your social security number as a form of personal identification to receive health care. However, in compliance with state and federal guidelines, Kwan Yin Healing Arts Center does require a front and back copy of your state drivers' license. Additionally, Kwan Yin Healing Arts Center may require your social security number in order to extend certain financial options to you.

Your social security number or parent/guarantor's social security number may be required when:

- Payment for any balance due is being billed to/made by another third party payor, including but not limited to the following:
  A) Your health, motor vehicle accident, or workers' compensation insurance
  B) Parent/guarantor, relative, attorney or any other payor agreeing to be financially responsible for charges you incur
- Payment arrangement is requested/made for any balance due not paid at the time of service
- Standard discounts are given for services, supplements, herbs, lab fees, and supplies.

I have fully read and understand the above terms for personal identification information.

_____ _____
Patient (18 years or older) Date

_____ _____
Parent, Guardian, Responsible Party Date

PATIENT NAME:_____ PATIENT DOB:_____

NON-COVERED SERVICES WAIVER/ACKNOWLEDGEMENT

SERVICES/SUPPLEMENTS/SUPPLIES

I understand and agree to the following:

- Any and all supplements, supplies, herbs, formulas, etc. prescribed by my provider and/or purchased by me at Kwan Yin Healing Arts Center are my full financial responsibility with payment to be made at the time of service/purchase. No open products can be returned to the clinic for refund under any circumstances.
- Kwan Yin Healing Arts Center does not bill insurance carriers, health saving plans or any other like entities for any supplements, herbs, formulas, or supplies. It is my full responsibility to submit the required information to these entities for reimbursement.
- Treatment/services such as moxa, cupping, hydrotherapy, energy work, injections, IV therapy, etc. are generally not covered by insurance carriers and are my full financial responsibility *(except where specifically determined by my insurance carrier as included in the primary treatment/service being rendered and clearly stated in the insurance contract with the treating provider)*.
- It is my full financial responsibility to pay for any charges previously covered/paid by my insurance carrier to the provider and/or Kwan Yin Healing Arts Center which: **1)** is later deemed by my insurance carrier to not be "medically necessary", and **2)** has resulted in a partial or full refund request by my insurance carrier from the provider or Kwan Yin Healing Arts Center.

MEDICARE / MEDICAID

I understand and agree to the following:

- It is my full responsibility to inform staff and providers of Kwan Yin Healing Arts Center that I am a Medicare and/or Medicaid member ***prior to*** scheduling an appointment or receiving services.
- Medicare currently does not recognize, contract with, or cover alternative care (CAM) providers; any services provided to me or charges incurred by me as a Medicare member are my full financial responsibility.
- Any chiropractors at Kwan Yin Healing Arts Center ***cannot*** **treat or bill services** for Medicare members, per Medicare regulations.
- Kwan Yin Healing Arts Center is not contracted with any Medicaid plans; any services provided to me or charges incurred by me as a Medicaid member are my full financial responsibility.
- If I am a both a Medicare and Medicaid member and choose to receive services at Kwan Yin Healing Arts Center, I am fully aware that payments for any services, supplements, supplies, etc. are my full financial responsibility and **these charges *cannot* be billed** by either me or Kwan Yin Healing Arts Center to Medicare or Medicaid.

I have fully read and understand the above agreements and information.

_____ _____

Patient (18 years or older) Date

_____ _____

Parent, Guardian, Responsible Party Date

PATIENT NAME:_____ PATIENT DOB:_____

STATEMENT OF FINANCIAL RESPONSIBILITY

I understand and agree to the following general responsibilities:

- Financial options extended to me are based on the personal identification information and documentation I have provided.
- I am responsible as the patient or patient's guarantor for full payment of services rendered at the time of service, including all supplements, herbal formulas, supplies, lab work and tests, and physician ordered add-on lab work and tests, as well as any additional expenses incurred in connection to my healthcare, such as: postage and delivery, shipping and handling, and phone calls to the provider or clinic wherein medical advice is provided.
- I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, I agree to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the Kwan Yin Healing Arts Center to release information necessary to secure payment.
- I understand that there will be a minimum $45 fee for any appointment not cancelled within 48 hours of the scheduled appointment, but that late cancellation/missed appointment fees may vary dependent upon individual providers. Please ask your provider about his/her late cancellation and missed appointment fees or ask the front desk staff for further clarification.
- Fees and rates are adjusted periodically and therefore may increase during the term of our engagement. While we will do our best to avoid unknown adjustments, on occasion such changes may occur without written notice.

I understand and agree to the following with regards to current and/or future insurance billing:

- The verification of my health, motor vehicle accident, or workers' compensation insurance is used to determine if there is coverage for services through my insurance carrier and is NOT a guarantee of payment by my insurance carrier; I am fully responsible for being aware of any coverage exclusions.
- I am responsible for providing in a timely manner all accurate, current and thorough information and documentation required to verify my insurance coverage and/or bill my insurance carrier, including all relevant Coordination of Benefits information such as primary and secondary insurance, Medicare, Medicaid, etc.
- I understand that Kwan Yin Healing Arts Center can require presentation of proof of insurance at any time, and that my insurance may need to be re-verified for specific coverage details as often as every six months.
- I am responsible for full payment of all services if any of the information I have provided is incorrect, falsified, or not provided in a timely manner and has resulted in Kwan Yin Healing Arts Center's inability to directly bill for and/or receive reimbursement from my insurance carrier.
- I am responsible for full and timely payment of all insurance co-pays, deductibles, and co-insurance balances due, including any and all services not covered or paid by my insurance carrier (subject to individual provider insurance contract provisions).
- I may forfeit the privilege of billing my insurance carrier if I do not comply with any of my financial responsibilities or documentation requirements.
- I authorize release of information in my medical history to my insurance carrier and assign all benefits for unpaid services to Kwan Yin Healing Arts Center. This release applies to support of the insurance billing process only.

I have fully read and understand the above agreements and authorizations.

_____ _____

Patient (18 years or older) Date

_____ _____

Parent, Guardian, Responsible Party Date

PATIENT NAME:_____ PATIENT DOB:_____

E-MAIL/TEXT CONSENT AUTHORIZATION FORM

Before sending e-mail/text communications to Kwan Yin Healing Arts Center Providers ("Kwan Yin"), please read and agree to the following information regarding the risks and conditions of e-mail/text use:

1. Risks Associated with e-mail/text.

Kwan Yin offers patients the opportunity to communicate by e-mail/text. However, transmitting patient information by e-mail/text has a number of risks that should be considered. These include, and are not limited to, the following risks:

- E-mail/text can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail/text can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- E-mail/text senders can easily misaddress an e-mail/text.
- E-mail/text is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail/text may exist even after sender or recipients have deleted their copy.
- Employers and on-line services have a right to archive and inspect e-mails/texts transmitted through their systems.
- E-mail/text can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail/text can be used as evidence in court.

2. Conditions for the Use of e-mail/text.

Kwan Yin will use reasonable means to protect the security and confidentiality of e-mail/text information sent and received. However, because of the risks outlined above, Kwan Yin cannot guarantee the security and confidentiality of e-mail/text communication, and will not be liable for improper disclosure of confidential information that is not caused by Kwan Yin's intentional misconduct. Thus, individuals must consent to the use of e-mail/text communication. Consent to the use of e-mail/text includes agreement with the following conditions:

- Although Kwan Yin will endeavor to read and respond properly to an e-mail/text, Kwan Yin cannot guarantee that any particular e-mail/text will be read and responded to within any particular period of time. Thus, no one shall use e-mail for medical emergencies or other time-sensitive matters. Please call 911 for emergencies and go to the nearest urgent care or immediate care center for urgent matters.
- All e-mails/texts sent to providers must be sent to their respective e-mail/text addresses.
- Providers will likewise respond to all patient e-mails/texts from their respective e-mail/text address.
- All Emails/Text to or from Kwan Yin patients concerning diagnosis or treatment will be printed out and, at the Provider's discretion, may be made a part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical records, such as a staff or billing personnel, will have access to those e-mails/texts.
- Kwan Yin may forward e-mails/texts internally to the practice's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. Kwan Yin will not, however, forward e-mails/texts to independent third parties without the patient's prior written consent, except as authorized or required by law.
- If the individual's e-mail/text required or invites a response from Kwan Yin, and the individual has not received a response in a timely manner or within a business week, it is the individual's responsibility to follow up by telephone to determine whether the intended recipient received the e-mail/text and when the recipient will respond.
- Individuals should not use e-mail/text communication regarding sensitive medical information such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- Individuals are responsible for informing Kwan Yin of any types of information that they desire not to be sent by e-mail/text, in addition to those called out in the above paragraph.

PATIENT NAME:_____ PATIENT DOB:_____

- The individual is responsible for protecting his/her password or other means of access to e-mail/text. Kwan Yin is not liable for breaches of confidentiality caused by the individual or any third party.
- Kwan Yin shall not engage in e-mail/text communication that is unlawfully practicing medicine across state lines.
- It is the individual's responsibility to follow up and/or schedule an appointment it warranted.

3. Communication by e-mail/text.

To communicate by e-mail/text, patients shall:

- Limit or avoid the use of his/her employer's computer.
- Inform Kwan Yin of changes in his/her e-mail/text address.
- Put the patient's name in the body of the e-mail/text.
- Review the e-mail/text to make sure it is clear and that all relevant information is provided before sending to Kwan Yin.
- Take precautions to preserve the confidentiality of e-mail/text, such as using screen savers and safeguarding his/her computer password.
- Withdraw consent only by written communication to Kwan Yin.

Acknowledgement and Agreement

I understand and acknowledge that I have read and fully understood this consent form. I request and consent to Kwan Yin using e-mail/text to communicate with me at the e-mail address(es)/telephone number(s) that I provide and I understand that such communications may contain my protected health information, including health history, diagnosis and treatment information and demographic information. I understand the risks associated with e-mail/text communication between Kwan Yin and me, and consent to the conditions outlined above. In addition, I agree to the instructions for communication by e-mail/text outlined here, as well as any other instructions that Kwan Yin may impose to e-mail/text communications. I understand and acknowledge that I have the right to withdraw my consent in writing at any time and that this authorization shall remain in effect until I withdraw my consent. Furthermore, I understand that Kwan Yin may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

_____

Patient ***print name***

_____ _____

Patient ***signature*** Date

_____ _____

Parent (under 18), Guardian, Responsible Party Date