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STATEMENT OF PRIVACY PRACTICES

We at Dr. Jess Ardern-Wilson's are dedicated to protection of your privacy and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of this practice. This notice describes how medical information may be used and disclosed and how you can obtain access to this information.

USE AND DISCLOSURE

1. Legally your personal health information can and will be disclosed to another physician, family member or individual **ONLY** with written authorization from you.
2. We may use or disclose health information when communicating appointment reminders through phone and/or email messages in the form of date, time and person for whom the appointment stands.
3. We can disclose medical information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of another person(s). Any disclosure, however, would only be to someone able to prevent the threat.
4. We will disclose medical information when required by Federal, State or Local Law, for example, in response to a Court or Administrative Order or if asked by a law enforcement official to facilitate the resolution of a crime or a matter of National security.
5. We will request medical information needed to provide our standard quality care, implement payment activity, conduct normal practice operation and comply with the law. This may include, but is not limited to name, address, phone number(s), social security numbers, insurance information, medical history, and health record. It may also be necessary to obtain the birth date and social security number of the primary person to whom the health insurance policy was issued.
6. If you are an organ donor, we may release information, as necessary to facilitate organ or tissue donation.
7. We may release medical information about you to Worker's Compensation or similar programs.
8. We may release medical information about you to Public Health or legal authorities charged with preventing or controlling disease.

YOUR RIGHTS

1. You have the right to request copies of your healthcare information.
2. You have a right to request that we communicate with you in a specific manner.
3. You have a right to restrict the use of certain information.
4. You have a right to a copy of this notice.
5. You have a right to revoke this authorization and must do so in writing.
6. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of the U.S. Department of Health and Human Services.

We thank you for being a patient here at Dr. Ardern-Wilson. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.

I have read, understood and received a copy of this Statement of Privacy Practices, if requested.

Print Name _____ Date _____

Signature _____