Bellevue Headache Clinic
2015 116th Ave NE
Bellevue, Washington, us - 98004-3018

New: Health Information Patient Privacy Act (HIPPA) Notice

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Each time you visit a health care provider, a record of your visit (containing your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatments) is made. This Information is often referred to as your health or medical records and serves as a basis of planning your care and treatment, a means of communication among the health professionals participating in your care, a legal document describing the care you received, a means by which you or a third-party payer can certify that the services billed were actually provided, a source of information for public health officials, and an outcomes tool with which we can improve the care we deliver.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; make more informed decisions when authorizing disclosure to others; and better understand who, what, when, where, and why others may access your health information.

Understanding Your Health Information Rights

We are required to maintain privacy of your health Information and abide by the terms of this notice; provide you with a notice as to our legal duties & privacy practices with respect to your information; notify you if unable to fulfill a requested restriction on disclosure or amendment to record; accommodate reasonable requests you may have to communicate health information by alternative means or locations.

We reserve the right to change our practices and to make the changes effective for all protected health information we maintain. If our information practices change, we will notify you the next time you come to our office for treatment. If you have questions and would like additional information, you may contact our clinic. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services.

I understand that Bellevue Headache Clinic will use and disclose health information about me in the course of providing care to me. I understand that my health information may include information both created and received by the clinic, may be in the form of written or electronic records or spoken words, and my include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

By signing below, I agree that I have reviewed this privacy practice and agree to these conditions. I will be offered a copy of this form and may request a copy at any time.

PATIENT SIGNATURE (Please use your mouse (or finger on track pad) to sign your name) *