



**Premier Acupuncture & Complementary Medicine, Inc.**  
**1901 N Hemmer Road, Suite 208**  
**Palmer AK 99645**  
**907-745-7928**

**[www.PremierAcupuncture.com](http://www.PremierAcupuncture.com)**

*Solutions for Health*

## **Welcome!**

If you are new to our office and are here for only a thermogram, I would like to take a moment of your time and share with you the services we offer.

Our clinic specializes in, and is limited to, the treatment of pain and injuries as well as Women's health concerns. We have been providing quality health care in Southcentral Alaska since 1992.

We want you to be confident you have chosen the right clinic to help you with your health, whether simply providing you with the best breast thermogram possible, utilizing state of the art high definition equipment, or helping you with one or more health concerns. If you have not done so already, you can find on our website, video and written reviews from your fellow Alaskans. We also have posted a couple short acupuncture treatment videos. A couple of our patients agreed to have their treatment recorded in order to help others be more comfortable if the acupuncture experience is new to them. Our services extend beyond acupuncture. You can find out more on our website if you are interested. Our web address is shown at the top of this page.

To aid in the healing process, we offer classes in acupressure, stress reduction, self-hypnosis and pain management through the practice of Mindfulness Based Stress Reduction (MBSR). We will be adding online classes to educate our patients in selecting quality supplements, the use of herbs in health care and more. MBSR classes are taught by Shelly Jacobs, MA, LPA. Shelly is a practicing psychotherapist, prior adjunct professor of psychology and a long-time meditation practitioner. Shelly is highly trained in the practice and teaching of MBSR.

We look forward to assisting you with your health care now and in the future.

Michael Wedge, L.Ac.  
Julie  
Barb



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## **Welcome To Our Office!**

Whether this is your first thermogram, or you have received one previously, please read the following information.

Thank you for scheduling an appointment to have your thermogram completed at our facility. We utilize the latest high definition thermal imaging equipment designed specifically for imaging the human body. Not all thermal imaging equipment is created equal. Better imaging results in more accurate assessment. Do not settle for anything less than the best.

Our expertise in medical thermography dates back to 2002 when we introduced medical thermography to the Valley and likely all of Southcentral Alaska. We were the first (and possibly still) facility to have a board-certified clinical thermographer in clinic. Your breast thermogram will be sent out and read by a physician trained in thermographic interpretation of the breast. Once your report is returned to us, we will schedule an appointment to review and discuss your report. This is optional, but highly recommended. There is no cost for this review.

In order to maximize the benefits of thermography, please pay particular attention to the following information and forms which have been included in this email. If you have any questions, please give us a call at 745-7928.

1. If all your paperwork is completed prior to your appointment (we highly recommend this) then we would appreciate you arriving 10 minutes early. If you have not completed your paperwork, please arrive at least 20 minutes prior to your appointment. Please do not bring small children. Be sure to bring in the following completed forms.

- **Pre-imaging protocol.** Please pay particular attention to this form. You will need to follow these protocols to ensure accurate imaging. Not following these protocols will necessitate rescheduling your thermogram.
- **Informed Consent.** Please read this over. We will discuss the information prior to your thermogram.
- **Breast Imaging form.** Please complete.
- **Registration form.** You only need to complete this form if you are new to our clinic.



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2. **Insurance:** Insurance does not cover thermography. Payment is due at the time of your appointment.
3. Please do not bring children with you that can not be left alone in our waiting room.
4. We have a book available titled Breast Thermography: What Every Woman Must Know Before Having A Breast Thermogram. We have included a PDF version of this book in this email. It can also be purchased in digital format on Amazon.

We are looking forward to providing you with your upcoming breast thermogram!



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**THIS IS A FILLABLE PDF FORM. PREFERABLY, COMPLETE THIS FORM ON YOUR COMPUTER, PRINT, SIGN AND BRING TO YOUR INITIAL APPOINTMENT.**

**PERSONAL INFORMATION**

Last Name First Name MI  
Marital Status Married Single How do you wish to be addressed?  
Mailing Address City/State Zip  
Home Phone Work Phone Cell Phone  
Can we leave a message if you are unavailable? Yes No  
Date of Birth Age Social Security #  
Occupation Employer  
Spouse's Name Spouse Date of Birth Phone  
Your Email Address

**PATIENT / RESPONSIBLE PARTY INFORMATION**

Responsible Party Relationship to Patient  
Social Security # Date of Birth Phone  
Address /City/State/ Zip  
Employer Phone

**INSURANCE INFORMATION** (Complete ONLY if your insurance covers our services - we do not bill secondary Ins.)

**VETERANS** – Simply put VA under Primary Insurance

PRIMARY Insurance Insurance Phone  
Claims Address City/State/Zip  
Name of Insured ID#  
Insured DOB Group Name/Number Claim #

**How did you hear about us?**      **Community Presentation**      **Internet**      **Facebook**  
Google AdWords      Walked by the office      Phone Book      Family / Friend /Physician

**Referred by**

Signature \_\_\_\_\_

Date



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**The following PRE-IMAGING protocols MUST be followed. Not following these requirements will necessitate rescheduling your thermogram. Please contact us if you have any questions.**

Pre-examination Preparation: Pre-examination preparation instructions are of great importance in decreasing thermal artifacts and obtaining a meaningful thermogram.

- No sun bathing of the area to be imaged 5 days prior to the exam. You cannot be sunburned in the area to be imaged and you cannot have a fever. If you are sick, please reschedule.
- No use of lotions, creams, powders, or makeup on the body area to be imaged the day of the exam.
- For breast or upper body thermograms, do not shave underarms for 24 hours prior to exam. Lower body thermograms do not shave your legs for 24 hours prior to exam.
- On upper body imaging (including breast), no use of deodorants or antiperspirants the day of the exam.
- No physical therapy, EMS, TENS, ultrasound treatment, acupuncture, chiropractic, hard physical activity, hot or cold pack use for 24 hours before the exam. If having a breast thermogram or upper body thermogram, do not stimulate the nipple for 12 hours prior to the exam.
- No exercise 4 hours prior to the exam.
- If bathing, it must be no closer than 4 hours before the exam if using hot water.
- If possible, avoid the use of pain medications, muscle relaxers and vasoactive drugs the day of the exam. The patient must consult with their doctor before changing any aspect of your medication and medication dosing schedule. We can still complete your thermogram if on these medications.
- Avoid the use of caffeine and nicotine for a minimum of 4 hours prior to imaging.
- For breast imaging, if the patient is nursing they should try to nurse as far from 1 hour prior to the exam as possible. Generally, routine thermographic breast imaging is not recommended for at least three months after nursing has been completely stopped.

I acknowledge I have followed these pre-imaging protocols completely.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Confirmed by thermography tech: \_\_\_\_\_

# Infrared Breast Imaging

**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Have you ever been diagnosed with breast cancer? Y N Date: \_\_\_\_\_ R L Breast  
 Do you have a family history of breast cancer? If yes, who? \_\_\_\_\_

**Date of your last mammogram:**  
 Was it: Normal Abnormal Suspicious Watchful – R L Breast

**Date of your last breast ultrasound:** \_\_\_\_\_ Were both breasts imaged? Y N  
 Was it: Normal Abnormal Suspicious Watchful – R L Breast

**Was a follow up biopsy recommended after your LAST mammogram, ultrasound, or MRI?** Y N

Date of last breast exam by a doctor: \_\_\_\_\_ Normal Lump Thickening – R L

**Any tests recommend after this last breast exam? (ex. mammogram)**

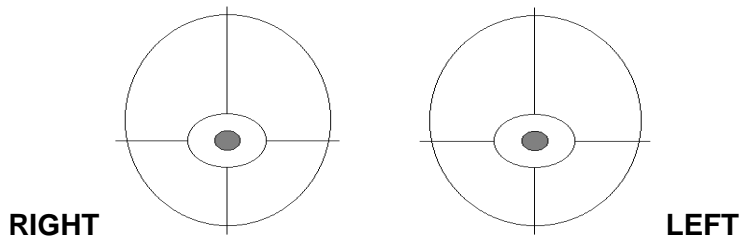
Date of any breast biopsies: \_\_\_\_\_ R L Breast  
 What was found on the biopsy? Cancer Other \_\_\_\_\_ R L Breast  
 Any breast surgeries? Date and what was done? \_\_\_\_\_ R L Breast  
 Have you had a mastectomy? Yes No Complete Partial Date: \_\_\_\_\_ R L Breast  
 Was the nipple removed? Y N Was the surface skin of the original breast entirely removed? Y N  
 Any breast reconstruction? What was done? (ex. trans flap, implant) \_\_\_\_\_ R L Breast  
 Any breast radiation treatment? Date of last treatment \_\_\_\_\_ R L Breast

Are you currently pregnant? Y N Are you currently nursing? Y N

**Are you CURRENTLY experiencing any of the following with your breasts:** None

Lump Thickening (date found \_\_\_\_\_ found by Self breast exam Doctor exam)  
 Pain: Dull Sharp Burning Stinging Tenderness The pain changes with my cycle Yes No  
 Thickening Skin changes ( Color Texture Over a lump)  
 R L Nipple discharge ( Bloody Milky Clear Through 1 duct Through multiple ducts)  
 R L Nipple retraction ( For many years Recently) R L Nipple changes ( Color Texture)  
 Other \_\_\_\_\_

**Place an [ O ] on the diagram in the exact area of the lump. [ M ] for a finding on your mammogram / ultrasound / MRI. [ W ] for an area being watched. [ X ] in the area of pain, tenderness, or skin changes. [ # ] in the area of thickening. [ +++ ] in the area of scars**



**Re-Exam**

High T: \_\_\_\_\_ Low T: \_\_\_\_\_ Tech: \_\_\_\_\_  
 Pt T = \_\_\_\_\_ F Rm T = \_\_\_\_\_ C  R  L Nipple retraction  R  L Areola traction SLQ SMQ ILQ IMQ  
 R  L Skin surface bulge or dimple SLQ SMQ ILQ IMQ  R  L Skin changes SLQ SMQ ILQ IMQ  
 R  L Nipple changes ( Color  Texture)  R  L Nipple discharge ( Bloody  Milky  Clear – S M)



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## **THERMOGRAPHY INFORMED CONSENT**

**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **City /State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Female** \_\_\_\_\_ **Male** \_\_\_\_\_

**Self Referred** \_\_\_\_\_ **Referred by health care provider (Please circle)** \_\_\_\_\_

**If referred, name of referring provider, if any** \_\_\_\_\_

**Do you want your images emailed to the referring provider?** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Instructions:** Please read the following carefully. If you are in agreement with the information on this consent form, sign and date it at the bottom while in the presence of the thermographic technician at the start of your procedure. Please feel free to ask questions if there is anything that you do not understand on this form. We will also discuss this information with you prior to your thermogram.

Thermography is a procedure that utilizes an ultra-sensitive thermal imaging camera and sophisticated computer programming to visualize, and obtain an image of the infrared heat emissions coming off the surface of the skin. An infrared camera detects infrared energy (heat) and converts it to an electronic signal, which is then processed to produce a thermal image and allows to temperature calculations. The thermographic procedure is performed in order to identify and evaluate abnormal temperature patterns on the body that may or may not indicate the presence of a disease process. Consequently, a normal thermogram does not rule out the presence of significant pathology.

Thermography is not a standalone diagnostic tool. Thermography is an adjunctive tool, and is not intended to replace x-ray, CT, MRI, Ultrasound or other imaging tests. Thermography should be utilized by the treating health care provider, along with other tests to arrive at a provisional, or more complete diagnosis. No surgical procedure should be based on thermal imaging alone. Additional diagnostic procedures, which depend on the nature of the condition and / or body region, are needed to achieve a final diagnosis. Thermography provides physiological, in this case, imaging of heat patterns. X-ray, CT, MRI, mammography, and ultrasonography provide anatomical imaging. This office provides only the thermographic component of a complete evaluation. Thermography does not “see” into a body cavity. As such, head, chest, abdominal and pelvic pathology cannot be assessed with thermography.

Per state of Alaska requirements, we need to inform you we do not carry malpractice insurance for thermography.



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**Procedure:** I understand I will be taken to the imaging room, my temperature will be taken, the information in this consent form will be reviewed with me and I will have the opportunity to ask any questions. I am free to cancel the thermogram at any time without financial repercussions. I may request either a female or male technician. Availability of gender choice is dependent on scheduled day of imaging.

I understand that I will need to disrobe (from the waist up for breast and upper body series, waist down for lower body series, and as needed for region of interest imaging, for example thermographic evaluation of the shoulder). If a lower body thermogram is being completed, the best imaging is done when completely disrobed. Wearing underwear is an option and generally will not be a significant problem with imaging effectiveness unless the area being imaged is being covered by, or is in close proximity to, underwear. If underwear is desired, thong type / jock strap, is best due to allowing better visualization of the area.

After disrobing, and removing jewelry, watches, piercings (it is best to remove piercings. If this is a problem, let us know) and prior to the start of imaging, there is a required acclimation period which allows my body to reach a steady temperature state. The acclimation period is typically 15 minutes. Following the acclimation period, the privacy curtain will be opened, and the imaging procedure will commence.

I understand that I have the option of bringing someone with me to the procedure and having that person accompany me during any portion of the procedure. I understand that this procedure does not use radiation, there is no contact with the imaging equipment, is not harmful to me, and that its purpose is to record the temperature patterns coming off my body. To enable the interpreting doctor to evaluate and assess my images, I am providing pertinent health and history information. My images and interpretive reports will be made available to me by mail or by pick-up. If thermography is requested by my health care provider, I understand the report will be sent to my provider. A copy will also be made available to me upon request. I also have the opportunity to review the report with a board-certified clinical thermographer at this clinic at no additional cost to me.

### **Preimaging Protocol**

I have been provided pre-procedural instructions to insure the most accurate thermographic procedure possible, **and have complied with this protocol.**

### **Conclusion**

Having understood the above and having received satisfactory answers to any and all questions that I may have had concerning the purpose, limitations and benefits of thermographic examination, as well as the utilization of the procedure, I hereby consent to both initial and subsequent thermographic examinations. I also understand that thermography is complementary, not a substitute for mammography, ultrasonography, MRI or any other form of diagnostic imaging.





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## **HIPAA**

### **I understand and agree to the following:**

My images may be emailed to the thermal imaging interpretation physician. E-mail transmission and delivery are inherently insecure. E-mail can conceivably be intercepted at numerous points along its route of transmission, and it is stored briefly at several different servers along the way before it is delivered, again giving rise to possible security concerns. To safeguard your information as much as possible I understand all email will be via HIPAA compliant, encrypted email, and the images are only accessible by those using proprietary software utilized by the Spectron IR system. This makes it unlikely anyone other than the intended recipient can access my images, but there are no guarantees. The final report is accessed by Premier Acupuncture and staff through the same HIPAA compliant email service.

By signing below, I agree to allow my thermal images and any additional information needed for proper interpretation of my images, to be emailed to the necessary party. I acknowledge my images and additional information may be seen by others assisting the interpreting physician. I acknowledge there is a possibility my images and information might be intercepted by someone other than the intended recipient.

I give permission to have my thermography report and images emailed to me if I so request this. I understand the report and images will be emailed using a HIPAA complaint, encrypted email system.

My authorization to email my images and information, and to allow access to this information by support staff in the office of the interpreting physician and Premier Acupuncture, will remain in effect indefinitely, unless I withdraw my consent in writing.

### **Patient**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## **Additional Breast Thermography Informed Consent**

I understand breast thermography is not a replacement for other imaging methods (mammogram, ultrasound, MRI, or other imaging methods) or clinical exam. Thermography offers imaging that may show signs of estrogen excess on the breasts, inflammation, which if chronic, may raise the risk of cancer, vascular changes which may indicate development of underlying pathology such as cancer and abnormal temperatures which may indicate infection, inflammation and cancer. I understand thermography is not 100 percent accurate, and that false negatives and false positives are possible just as with all imaging methods. I understand thermography is most useful when serial thermograms are taken over time. Repeated thermograms over time will provide me with the most complete assessment of my breast health within the limitations and capabilities of thermography.

I understand breast thermography is not without its critics. Opinions vary from the belief that breast thermography is without benefit, to the other end of the spectrum where thermography is believed to play an important role in breast screening, and in helping maintain healthy breasts by looking for evidence of disease, hormone imbalance (estrogen dominance), infection, inflammation and more.

I understand there are many hundreds of studies on breast thermography and that I should do my own due diligence in determining if breast thermography is right for me.

I understand my thermogram is best utilized by discussing the results with a health care provider knowledgeable in thermography related to the breast. The intent of my thermogram is not for me to self-diagnosis. It is a tool to help me and my health care provider provide better care to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Thermography Technician**

I acknowledge I have reviewed this consent form from the above named person and have answered their questions to their satisfaction.

Name of Technician \_\_\_\_\_

Signature of Technician \_\_\_\_\_ Date \_\_\_\_\_



## **Your Information. Your Rights. Our Responsibilities.**

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

**Please review it carefully.**

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

*continued on next page*

## Your Rights *continued*

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*Effective November 12, 2018*

**This Notice of Privacy Practices applies to the following organizations.**

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*For additional information regarding your rights and obligations under HIPAA contact Michael Wedge, L.Ac. at [premieracupuncture@mtaonline.net](mailto:premieracupuncture@mtaonline.net)*