

# *Pacific Center for Naturopathic Medicine*

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## STATEMENT OF PRIVACY PRACTICES

### Protecting Your Personal Healthcare Information

We at Pacific Center for Naturopathic Medicine are dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of Washington. This includes issues relating to your treatment, payment and our health care operations. Your personal health information will never be otherwise given to anyone – even family members – without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

### Collecting Protected Health Information

We will only request personal information needed to provide our standard of quality care, implement payment activities, conduct normal practice operations and comply with the law. This may include your name, address, telephone number(s), social security number, date of birth, insurance information, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

### Disclosure of Your Protected Health Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and government officials under certain circumstances. We will not use your information for marketing purposes.

We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages and answering machines.

### Patient Rights

You have a right to request copies of your healthcare information.

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

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Signed

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Date