

NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

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Golden West Acupuncture & Wellness, LLC

590 Bosque Farms Blvd, Bosque Farms, NM | Dr. Stacie Shain, DOM, Clinic Director

OUR COMMITMENT TO YOUR PRIVACY

This notice describes how your medical information may be used and disclosed and how you can obtain access to this information. **Please review it carefully.**

Golden West Wellness is required by law to maintain the privacy of your protected health information (PHI), notify you of our legal duties and privacy practices, and abide by the terms of the notice currently in effect.

How we may use and share your information:

- **Treatment** — We use your health information to provide, coordinate, and manage your care among our clinical team and any referring or referred-to providers.
- **Payment** — We may share information with your insurance carrier, the VA Community Care Network (CCN Region 4 /TriWest), or other payers to obtain payment for services rendered.
- **Healthcare operations** — Information may be used for quality improvement, staff training, accreditation, and other internal administrative purposes.
- **Required by law** — We may disclose your information when required by federal, state, or local law, including public health reporting and law enforcement obligations.
- **With your written authorization** — For all other uses or disclosures not described above, we will obtain your signed authorization. You may revoke any authorization in writing at any time.

We will **not** sell your protected health information or use it for marketing purposes without your explicit written authorization.

Access your records

Request corrections

Request a copy of your medical record and billing information in paper or electronic form.

Ask us to amend your health information if you believe it is incorrect or incomplete.

Restrict disclosures

Confidential communications

Request limits on how we use or share your information, including disclosures to family members.

Ask us to contact you only at certain phone numbers or addresses for added privacy.

Disclosure accounting

File a complaint

Request a list of disclosures made for purposes other than treatment, payment, or operations.

File a complaint with our Privacy Officer or with the U.S. Dept. of Health & Human Services (HHS) at [hhs.gov/ocr/privacy](https://www.hhs.gov/ocr/privacy) —without fear of retaliation.

YOUR PRIVACY RIGHTS

Privacy Officer: Dr. Stacie Shain, DOM | Golden West Wellness | 590 Bosque Farms Blvd, Bosque Farms, NM

Federal complaints: [hhs.gov/ocr/privacy](https://www.hhs.gov/ocr/privacy)

PATIENT ACKNOWLEDGMENT

By signing below, the patient (or their authorized personal representative) acknowledges the following:

- I have received, or been offered, a copy of Golden West Wellness's Notice of Privacy Practices and have had the opportunity to review it.
- I understand my rights regarding my protected health information as described in this notice.
- I have had the opportunity to ask questions about this notice and my privacy rights.

Patient legal name Date of birth Date signed

Patient or representative signature Relationship to patient (if representative)

Personal representative: If signing on behalf of the patient, you must have legal authority to do so (e.g., parent of a minor, legal

guardian, or holder of a healthcare power of attorney). Supporting documentation may be requested.

FOR OFFICE USE ONLY

Received by electronic submission at Golden West Wellness Date received Entered in EHR

Golden West Acupuncture & Wellness, LLC | 590 Bosque Farms Blvd, Bosque Farms, NM |

Dr. Stacie Shain, DOM, Clinic Director | Form rev. 2026 |

Retain signed copy in patient record

Signature

Date Signed

Date of Birth

Patient Legal Name