



Mark Davis, ND  
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Bright Medicine Clinic  
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(T) 503.928.7605 (F) 971.239.1913  
[www.brightmedicineclinic.com](http://www.brightmedicineclinic.com)

## Privacy Disclosure & Policies

This notice describes how your medical information may be used and disclosed (provided to others) and how you can gain access to this information. Please review this notice carefully.

As a patient of the Bright Medicine Clinic you have the right to know how your private, confidential healthcare and personal information is being protected

### **Under the law you have the right (with certain limitations) to:**

- Inspect and request copies of your records. Bright Medicine Clinic (BMC) may charge a reasonable fee for record copies. If for any reason your request to inspect or receive copies of your health information is denied we will inform you of the reason.
- Request that your health care provider append information to your medical record.
- Receive a notice of your privacy rights by your health plan upon enrollment and when privacy practices are amended.
- Obtain a copy of BMC's privacy practices

BMC is required, under specific circumstances, to use or disclose your protected health information without your written authorization. Examples include:

- Public Health activities; judicial & administrative proceedings; correctional institutions & other law enforcement situations
- Disclosure regarding victims of abuse neglect, or domestic violence; health oversight activities.
- Law enforcement; military & veteran activities
- Government programs providing public benefits & workers compensation
- Coroners, Medical Examiners and Funeral Directors

### **Use of Health Information**

BMC may use your protected health information to provide you with health care services. BMC and entities such as health plans may use your health information for the following purposes:

- **Consultations**  
Your doctor may consult with other healthcare practitioners and clinical/laboratory specialists while working on patient cases and treatment plans. These conversations and transfers of information by phone, in person, by fax or email are confidential and names are not used unless necessary and consent is provided either verbally or in writing.



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- **Health Care Operations**

Your doctor may use or disclose, as needed, your protected health information in order to support business activities of our practice. These activities include, but are not limited to: quality assessment; training of medical students and staff; licensing and conducting or arranging for other business activities.

- **Research and Education**

Your doctor may use information provided through phone consultations/office visits for research and educational purposes in order to help further naturopathic care. This involves tabulating laboratory and other information from patient charts and presenting this information. If your information is used in this way it will be done anonymously, with no names or personally identifiable information attached.

- **Records Released**

Your confidential healthcare information is private and cannot be copied and shared with anyone else without your written, signed consent. In some cases, if time does not permit, your verbal approval may be accepted. Releasing records is done by photocopy and is most often mailed. It is sent to whom you requested it for and is accompanied by a Confidential Patient Information Cover Sheet. On occasions when faxing of chart notes is required, a Confidential Healthcare Enclosed Fax Cover Sheet accompanies them.

**In-office Security**

The notes that are taken during appointments are secured by each individual practitioner of BMC via conventional paper charting methods or through secure *Electronic Medical Record* (EMR) services. Access to Personal Health Information is limited to healthcare practitioners, employees and supervised medical students of Bright Medicine Clinic. Phone consultations or Skype based visits are conducted with the office door closed and your full name will not be stated when others are close enough to hear. Please use your own discretion in what information you choose to leave on our phone messaging system and please inform us of any special concerns you may have regarding messages we leave for you. You have the right to request specific forms of communication within reason.

**Public Interaction**

Should your doctor or employees of the clinic see you socially, by coincidence or intent, we will not acknowledge how we are acquainted unless you infer consent through introduction, etc. It is your doctor's preference to discuss your health in the office setting



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only to protect your privacy and to ensure that your personal health information is kept in your chart.

**I have read and understand my right to privacy, as stated above, and agree to have the Bright Medicine Clinic maintain my medical information in accordance with it's policies and agree to inform the clinic of any special arrangements I need in pertaining to this issue.**

Printed Name: \_\_\_\_\_

Patient/legal guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Definitions and Penalties to Comply**

Protected Healthcare Information is any information, whether oral or recorded, in any form or medium that: 1) is created or received by a healthcare provider, health plan, public health authority, employer life insurer, school or university or healthcare clearing house in the normal course of business, and 2) relates to the past, present or future payment or the provision of healthcare to an individual. This information may reside in any medium: tape, fax, email, digital voice j

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit ACOG's web site, [www.acog.org](http://www.acog.org), or call (202) 863-2584.