

**NOTICE OF PRIVACY PRACTICES** This notice describes how and why your health information may be used and how you can gain access to this information. Please review the information carefully. (If there are any areas which you might need more clarification, please do not hesitate to ask)

**WHY A PRIVACY POLICY NOW?** The most significant variable which motivated the Federal government to legally enforce the privacy of health information is the rapid evolution of electronic technology in the health care business. The government has sought to standardize and protect the electronic exchange of your health information. This has challenged us to review how your information is used within our computers, on the Internet, as well as phones, fax machines, and any other device used to copy or transfer patient data. We want to advise you that we have developed policies and procedures for our practice to insure your personal health information will be shared only as required for the purpose of administering your care. Our office is subject to state and Federal laws regarding the confidentiality of your health information. We also want you to understand our procedures and your rights as a valued patient. Your health information will be communicated only for the purpose of conducting health care business. Be assured that without your permission, your health information will not be used for any other purpose.

**WHY YOUR HEALTH INFORMATION MAY BE USED TO PROVIDE TREATMENT:** Within our office, your health information will be used to provide you the best care and services possible. This may include administrative and clinical procedures designed to optimize scheduling and coordination between you and the office personnel. In addition, we may share this information with referring physicians, clinical radiological laboratories, or other health professionals providing treatment. Here are some of the reasons we may need to share information:

**IN PATIENT REMINDERS** Because we believe your health goals are very important to your overall care and treatment plan, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and information you of treatment options or services that may be of interest to you and your family. These communications are an important part of our philosophy, which is to partner with our patients to see they receive the best chiropractic care we can provide. This may include postcards, newsletters, flyers, and telephone or electronic reminders such as email. (Please inform us if you prefer not to receive these types of reminders or notifications). **TO OBTAIN PAYMENT** Your health information may be included with an invoice in order to collect payment for the services provided to you in this office. **WE** may do this with insurance forms filed for you electronically or by mail. We will make every effort to work with companies with a similar commitment to the security of your health information. **PUBLIC HEALTH AND NATIONAL SECURITY** We may be required to disclose necessary health information to Federal officials or military authorities in order to complete investigations related to public health and or national security. **FOR LAW ENFORCEMENT** As permitted or required by State and Federal law, we may disclose your health information under certain circumstances to proper authorities for the purpose of law enforcement. This may take place if you are a victim of a crime, or in order to report a suspected crime. **FAMILY AND/OR CARE GIVERS** We may share your information with those that assist you with your home hygiene, care, treatment, or payment. We will be certain to obtain your permission prior to sharing your information. In the event of an emergency, if you are unable to communicate your wishes, we will use our very best judgment when sharing your health information with anyone participating in your care.

**AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION** Other than the information stated above, or information that Federal, State, and Local laws require, we will not disclose your health information without your written authorization.

**PATIENT RIGHTS** This law is careful to describe that you have the right related to your health information. Be assured

that we will make every effort to honor reasonable restriction preferences, and that you may revoke any authorization in writing at any time.

**CONFIDENTIAL COMMUNICATIONS** You have the right to request that we communicate with you in a specific way. You may request that we only communicate your health information privately, with or without other family members present, or through sealed mail communications. We will make all reasonable efforts to honor your request.

**INSPECT AND COPY YOUR HEALTH INFORMATION** You have the right to read, review, and copy your health information. This includes your complete chart, x-rays, and billing records. If you would like a copy of your health information, please let us know. **We may need to charge you a reasonable fee to duplicate and assemble your copy.**

**AMEND YOUR HEALTH INSURANCE** You have the right to ask us to update or modify your records if you believe your health information is incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. Please make any request to amend health information, in writing and describe as completely as possible, the reason for the request. Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information have been requested, sealed, and/or delivered to any authority for review.

**DOCUMENTATION OF HEALTH INFORMATION** You have the right to request a description of how our office used your health information for reasons other than treatment, payment, or health care operations. Our documentation procedure will enable us to provide information on your health information usage from the first day of your treatment in our office forward. Please let us know, in writing, the time period for which you are interested.

**REQUEST A PAPER COPY OF THIS NOTICE** You have the right to request and obtain a copy of this "Notice of Privacy Practices" at any time. We are required by law to maintain privacy of health information and provide a copy of this "Notice of Privacy Practices" upon request. We are required to practice the policies and procedures described in this notice, but we do reserve the right to change the terms of our notice. You will be notified of any such changes. You have the right to express concerns or complaints to Dr. Margie Smith or to the Secretary of Health and Human Services if you believe your rights have been compromised. We encourage you to express in writing any concerns you may have regarding the privacy of your health information.

**OUR PROMISES** We want to ensure you that we take the Federal HIPAA (Health Insurance Portability and Accountability Act) laws seriously. These laws were written to protect the confidentiality of your health information. We promise you that your personal health information will be protected by these laws and not to be unnecessarily disclosed to others outside our office.

**PATIENT ACKNOWLEDGEMENT** Thank you for taking time to review how your health information is protected and used in our office. If you have questions, please let us know. Please acknowledge that you have received, thoroughly reviewed, and understand this policy by signing on the line below. Thank you.

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Patient name (please print)

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Signature (patient or guardian) Date