

Dear Patient,

As a patient of Family Chiropractic of Burr Ridge, you are our top priority. We value our relationship with you and consider it a privilege to serve your health needs.

As of April 14, 2003, the Federal Government has mandated that the Health Insurance Portability and Accountability Act (HIPPA) be enforced in the medical health profession. Additionally, federal regulation (the Privacy Rule) was adopted and requires us to provide and distribute a Notice of Privacy Practices to all patients regarding the privacy of "Protected Health Information" (PHI). PHI is information that may identify you, and (1) relates to your past, present or future physical health or condition, or (2) to the past, present or future payment for your health care. To comply with the Privacy Rule we must describe how medical information about you may be used and disclosed for purposes of treatment, payment or health care operations (TPO).

Family Chiropractic is committed to preserving patient confidentiality and, in accordance with the requirements of the law, we pledge to maintain the privacy of PHI about you and to abide by the terms of our current Notice of Privacy Practices. To that end, we are providing you with a copy of the aforementioned Notice with respect to PHI, and ask that you review this notice carefully.

It may be necessary to change the terms of this Notice in the future. We reserve the right to make changes and to make the new notice effective for all PHI that we maintain about you, including PHI we created or maintained in the past. If we make material changes to our Privacy Practices, copies of revised notices will be mailed to all patients.

You have the right to request restrictions, in writing, on our use or disclosure of PHI about you. We are not required to agree to your request. If we do agree, however, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary for your treatment.

We ask that you sign below to acknowledge receipt of this Notice of Privacy Practices and consent. Consent allows for use and disclosure of protected health information only for TPO. Consent can be withdrawn or revoked by a patient, but not for procedures that are already in process and rely on the consent. This agreement will be in effect until seven (7) years after your last office visit.

Thank you for your cooperation.

Dr. Edward A. Carrie

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

This notice describes how health information about you may be used and disclosed, and how you can obtain access to this information.

### **Uses & Disclosures**

Family Chiropractic ( the Clinic) may disclose your health information, including clinical records, to another health care provider or to a hospital, if it is necessary for further diagnosis, assessment, or treatment protocol.

The Clinic may disclose your examination and treatment records, and your billing records to a third-party such as an insurance carrier, HMO, PPO or your employer, if they are responsible for payment of services.

The Clinic may use your health information, examination/treatment, and billing records for quality control and/or routine administrative purposes.

The Clinic may need your personal information, as well as clinical records, to contact you for the purposes of providing appointment reminders, treatment alternatives or changes, or other health related information, which may be of interest to you. If you are not available to receive a verbal appointment reminder, a voice mail message will be left. You have the right to refuse to give us authority to contact you to provide appointment reminders, treatment alternatives or other health related information. This refusal will not affect the treatment we provide to you, or the method of reimbursement for your care.

Upon written request, the Clinic shall provide you with access to copies of your medical records. You may request corrections if you identify errors or mistakes, but we will require this request in writing along with the reason to support the change. The Clinic will expect reimbursement for the cost of copying and sending these records.

Other than the circumstances described in the aforementioned uses and disclosures, the Clinic will not sell or provide any patient health information to any outside marketing organization. Any other use or disclosure of your health information will only be made with your written authorization. The Clinic will communicate freely with patients, one-on-one, about treatment options and other health related information.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. All complaints must be submitted in writing. We respect a patient's right to file a complaint, and will not take any action against you.