

Norton Chiropractic Center
3725 S. Cleveland Massillon Road #8
Norton, Ohio 44203
330-825-5502

NOTICE OF PRIVACY POLICIES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures: We will use and disclose elements of your Protected Health Information (PHI) in the following ways:

Without your signed authorization

- Chiropractic treatment
- Payment (cash, insurance, Workers Compensation, personal injury)
- When release is required by law, including in judicial settings and to health oversight regulatory agencies and law enforcement
- In emergency situations or to avert health/safety situations
- To medical examiners, coroner or funeral directors to aid in identifying you or to help them in performing their duties

Special cases

- To contact you about appointment reminders, treatment alternatives, and other health related benefits and services

Other

- All other uses and disclosures by us will require us to obtain from you a written authorization in addition to any other permission you will provide us

Your Rights

- Restrictions: To request restricted access to all or part of your PHI, write specific information of your patient information and contact our Insurance Department. We are not required to grant your request.
- Confidential Communications: to receive correspondence of confidential information by alternate means or location, contact our Insurance or Front Desk Department.
- Access: to inspect or receive copies of your PHI, you must sign a consent form.
- Amendments: to request changes made to your PHI, contact our Insurance Department. We are not required to grant your request.
- Accounting: To receive an accounting of the disclosures by us of your PHI in the six years prior to your request, contact our Insurance Department.
- This Notice: To get updates or reissue of this notice, contact our Front Desk Department.
- Complaints: Complaints to Norton Chiropractic Center or the US Department of Health and human Services. If you feel your privacy rights have been violated, register your complaint in writing to Dr. Robert Murphy. The law forbids us from taking retaliatory action against you if you complain.

Our Duties

- We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

Privacy Contact

For more information about our privacy practices, please contact this clinic at:

Norton Chiropractic Center 330-825-5502

3725 S. Cleveland-Massillon Road #8

Norton, OH 44203

Effective date: June 1, 2008

I acknowledge receipt of this notice:

Patient or Authorized Signature

Printed Name

Date

If you are signing as the patient's representative:

Patient's Printed Name

Relationship to Patient