

## HIPPA PATIENT AUTHORIZATION

This notice describes how chiropractic and medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

In the course of your care as a patient at Neck & Back Center, we may disclose personal and health related information about you in the following ways:

- Your personal health information, including your personal records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, attorney, an HMO, a PPO, or in workers comp cases your employer, if they are or may be responsible for the payment of your services.
- Your name, address, phone number, and health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not at home/work to receive an appointment reminder, a message may be left. Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care you are provided or the reimbursement avenues associated with your care, however, full payment will be expected at the time of services.

Under federal law, we are permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

- If we are providing health care services based on the orders of another health care provider.
- If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communication with you, but in our professional judgment we believe that you intended for us to provide care.
- If we are ordered by the courts or another appropriate agency.

Any use or disclosure of your potential health information, other than as outlined above, will only be made upon your written authorization. We normally provide information about your health care to you personally at the time you receive your care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or if you would like information in a different form please advise us in writing as to your preferences. You have the right to inspect and/or copy your health information for 7 years from the date the record was created or as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. We are further required by law to abide to the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. We will notify you in writing as soon as possible for the following changes. Any change in our privacy notice will apply for all of your health information in our files. Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provided the information and may no longer be protected by the federal privacy laws. If you have a complaint regarding our privacy notice, our privacy practices, or any other aspect of our privacy activities, or if you would like additional information regarding our privacy policies, please contact us. This notice is effective as of this date. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

Name (Printed)	Signature	Date
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If you are a minor, or if you are being represented by another party:

Personal Representative (Printed)	Signature	Date
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