

Northern Lakes Chiropractic Clinic, P.C.  
*Privacy Policy*

THIS NOTICE DESCRIBES HOW YOUR CHIROPRACTIC/MEDICAL INFORMATION MAY BE USED/DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.

In the course of your care as a patient of Northern Lakes Chiropractic Clinic we may use or disclose personal and health information about you in the following ways:

- Your protected health information, including your medical records, may be disclosed to another health care provider or hospital if it is deemed 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 company, an HMO, a PPO, or your employer if they are or may be responsible for the payment of services provided to you.
- Your name, address, phone number, and e-mail may be used to contact you regarding appointment reminders, information about your care, alternatives to your present care, or other health-related information that may be of interest to you.

You have the right to request restrictions on our use of your protected health information for treatment, payment and operation purposes. Such requests are not automatic and require the agreement of this office.

If you are not home to receive an appointment reminder or other related health information, a message may be left on your answering machine or with a person in your household. You have the right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternate locations.

We are permitted and may be required to use or disclose your protected health information without your authorization in the following circumstances:

- If we provide health care services to you in an emergency situation.
- If we are required by law to provide care to you and we are unable to obtain your consent.
- If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.
- If we are ordered by the courts or other appropriate agency.

You have the right to receive an account of any such disclosures made by this office. Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. If you provide authorization for the release of your information, you have the right to revoke that authorization at a later date.

Because we value your privacy and are required by law we will maintain the privacy of your patient file and protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect.

We reserve the right to amend the terms of this privacy notice. You will be notified in writing immediately following any changes to our privacy practices. Any changes to our privacy practices will apply to all of your health information in our files.

If you have any questions or concerns regarding our privacy practices, this privacy practices notice or anything else regarding the use/disclosure of your health information please direct your questions or concerns to:

**Privacy Officer**  
30544 Highway 200 Suite 330  
Ponderay, ID. 83852

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (If you are a minor please have a parent sign)