

## PATIENT PRIVACY RIGHTS

*This notice describes how chiropractic/medical information about you may be used and disclosed and how you can get access to this information. Review this material carefully.*

In the course of your care as a patient of Dr. Karen Gardner we may use or disclose personal and health-related information about you in the following ways:

- Your personal health information, including your clinical 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 healthcare records as well as your billing records may be disclosed to another party such as an insurance carrier or your employer if they are or may be responsible for payment of services rendered to you.
- Your name, address, telephone number and your healthcare records may be used to contact you regarding appointment reminders, information about alternatives to your present care or for other health-related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message may be left on your answering machine.

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 provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted and/or required to use or disclose your health information without your consent or authorization in these circumstances: if we are providing healthcare services to you based on the orders of another healthcare provider; if we provide healthcare services to you in an emergency; 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 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 another appropriate agency. Any use or disclosure of your protected health information other than as outlined above will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive care from us. We may also mail information to you regarding your healthcare 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 the information in a different form, advise us in writing of your preference. You have the right to inspect and/or copy your health information for 7 years from the date that 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. Requests to inspect, copy or amend your health-related information should be provided to us in writing. We are required by state & federal law to abide by the terms of this notice while it is effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to this notice, we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply to 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 provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities, or you would like further information about our privacy policies and practices, please contact: Dr. Karen Gardner (267)242-8488 You may also contact: Office for Civil Rights, U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Rm. 509F, HHH Bldg., Washington, D.C. 20201. Phone: (800) 368-1019.

This office often may use an "open adjusting" environment for on-going patient care. This involves several patients being seen in the same adjusting room at the same time. Patients may within sight of each other and may overhear routine details of care during the visit. If this does occur , it is only during routine visits while all consultations, examinations and reports are done in a confidential setting. If you choose not to be adjusted in an open environment, other arrangements will be made for you.

This notice is effective January 1, 2011. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created.

Patient/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*If you are a minor, your privacy rights sheet must be signed by a personal representative (parent or guardian).