

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At Balance Chiropractic, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

- The law requires us to use or disclose your health information to those involved in your treatment. For example a review of your file may be done by a specialist doctor whom we may involve in your care.
- We may use or disclose your health information, such as sending a report of your progress to an insurance company.
- We may use or disclose your health information for our normal healthcare operations. For example one of our staff will enter your information into our computer.
- We may use your information to contact you. For example we may send a newsletter or other information. We may also want to call on you after a missed appointment. If you are not home we may leave a message on your answering machine or with the person who answers the telephone.
- In an emergency we may disclose your health information when required by law.
- If this practice is sold, your information will become the property of the new owner.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that we not use or disclose your health information as described above.
- You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- As we will need to contact you from time to time, we will use whatever address or telephone number(s) you prefer.
- You have the right to see and receive a copy of your health information, with few exceptions. Give us a written request regarding the information you want to see. You have the right to transfer copies of your health information to another practice. Florida law allows us to charge you reasonable fee duplication costs.
- You have the right to request an amendment or change to your health information. Give us your request to make changes that you request and we will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.
- You have the right to receive a copy of this notice.
- If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.