



# PERRY FAMILY CHIROPRACTIC,LLC

## NOTICE OF PRIVACY PRACTICES

Dear patient:

This is not meant to alarm you! quite the opposite! It is our desire to communicate to you that we are taking the new Federal (HIPAA -Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures, which we developed to make sure your health information, will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your HEALTH INFORMATION only for the purposes of providing and conducting health care operations

### **How your HEALTH INFORMATION may be used**

#### To Provide Treatment

We will use your HEATH INFORMATION within our office to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between physician and business office staff. In addition, we may share your health information with referring physicians, clinical and pathology laboratories, pharmacies or other health care personnel providing you treatment.

#### To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

#### To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in the training programs for students, interns, associates, and business and clinical employees. It is also possible, that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

#### In Patient Reminders

Because we believe regular care is very important to your general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment.

Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventive and curative care modern medicine can provide. They may include postcards, folding postcards, letters, telephone reminders or electronic reminders such as

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason than for treatment, payment or health care operations. Our documentation procedures will enable us to provide information on health information usage from April 13, 2003 and forward. Please let us know in writing the time period for which you are interested. Thank you limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

Breach Notification: You will be notified of any breach of unsecured Patient Health Information.

## PRIVACY NOTICE WRITTEN ACKNOWLEDGEMENT

I have received the Perry Family Chiropractic Notice of Privacy Practices.

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Signature of Patient, Parent, or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness