

NOTICE OF PRIVACY PRACTICES

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

We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization

- treatment
- payment
- health care operations
- when release is required by law
- in emergency situations

Special cases

- to contact you regarding appointments, treatment alternatives, and other related services- this includes a) postcards mailed to the address I provide, b) cellular/telephone messages left by either answering machine or voicemail or with the person answering the phone, c) text message to my cellular phone (I am aware that a cellular phone is not a secure and private line)
- to your insurance provider

Other

- all other uses and disclosures by us will require us to obtain written authorization
- **Please list the names of individual (s), if any, whom we may inform about your general condition and diagnosis**

You have the following rights concerning your PHI:

- **Restrictions:** to request restricted access to all or part of your PHI, contact our Privacy Officer in writing. We are not required to grant your request. You may revoke this consent at any time. However, we reserve the right to refuse to treat you.
- **Confidential Communications:** to receive a correspondence of confidential information by alternate means or locations, contact our Privacy Officer in writing.
- **Access:** to inspect or receive copies of your PHI, contact our Privacy Officer. We are not required to grant your request.
- **Amendments:** to request changes be made to your PHI, contact our Privacy Officer. We are not required to grant your request.
- **Accounting:** to receive an accounting of the disclosures of your PHI in the six years prior to your request, contact our Privacy Officer.
- **This notice:** to get updates of this notice, contact our Privacy Officer.
- **Complaints:** if you feel your privacy rights have been violated, you may register a complaint with us by submitting a written complaint to our Privacy Officer. The law forbids us from taking regulatory actions against you if you complain.
- **Our duties:** we are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice. We reserve the right to change our privacy practices as described, in accordance with applicable law. This consent is valid for seven years.

For more information about our privacy practices, please contact:

Tina Schafer
1905 W. Jourdan St.
Newton, IL 62448
(618) 783-2424

I have read and understand the foregoing notice and all of my questions have been answered to my satisfaction in a way that I can understand. I understand that Bloomberg Chiropractic Center reserves the right to refuse to treat me if I do not consent to the above listed policy.

Signature of Patient, Parent, or Legal Guardian

Date