

## **Patient Privacy HIPAA Notice**

This office is required to notify you in writing, that by law, we must maintain the privacy and confidentiality of your personal health information. In addition, we must provide you with written notice concerning your rights to gain access to your health information, and the potential circumstances under which, by law, or as dictated by our office policy we are permitted to disclose information about you to a third party without your authorization. Below is a brief summary of these circumstances. If you would like a more detailed explanation, one will be provided to you.

### **Permitted Disclosures:**

1. Treatment purposes- discussion with other health care providers involved in your care
2. For payment purposes- to obtain payment from your insurance company or any other collateral source.
3. For worker's compensation or personal injury purposes- to process a claim or aid in investigation.
4. Emergency- in the event of a medical emergency we may notify a family member.
5. For public health and safety- in order to prevent or lessen a serious or eminent threat to the health or safety of a person or the general public.
6. To government agencies or law enforcement- to identify or locate a suspect fugitive, material witness, or missing person.
7. For military, national security, prisoner, and government benefits purposes.
8. Deceased persons- discussion with coroners and medical examiners in the event of a patient's death.
9. Telephone calls, emails or text messages; we may call your home and leave messages, or send text messages regarding a missed appointment or inform you of changes in practice hours or upcoming events.
10. Change of ownership- in the event this practice was ever sold the new owners would have access to your personal health information.

### **Your Rights:**

1. To receive an accounting of disclosures.
2. To receive a paper copy of the comprehensive "Detail" Privacy Notice.
3. To request mailings to an address different than residence.
4. To request restrictions on certain issues and disclosures and with whom we release information to, although we are not required to comply. If however we agree, the restriction will be in place until written notice of your intent to remove the restriction.
5. To request amendments to information. However, like agreements, we are not required to agree to them.
6. Clinical Summary Report (CCR): I understand that a clinical summary report is created after each visit for the purpose of EHR and is available for my review. At this time, I am asking Family Tree Chiropractic to save these electronically for me and not print them out after each visit. I understand that, upon request, these reports are available to be printed or emailed to me for review.

I have received a copy of the Patient Privacy Notice. I understand my rights, as well as the office's duty to protect my health information and have conveyed my understanding of these rights and duties to the doctor. I further understand that this office reserves the right to amend this "Patient Privacy Notice" at any time in the future and will make the new provisions effective for all information that it maintains past and present. I am aware that a more comprehensive version of this notice is available to me and copies are available at my request.

\_\_\_\_\_  
(Print) Patient/Guardian Name

\_\_\_\_\_  
(Signature) Patient/Guardian Name

\_\_\_\_\_  
Date