

HEATON CHIROPRACTIC CENTER

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW CAREFULLY.

IN THE COURSE OF YOUR CARE AS A PATIENT AT HEATON CHIROPRACTIC CENTER, WE MAY DISCLOSE PERSONAL AND HEALTH RELATED INFORMATION ABOUT YOU IN THE FOLLOWING WAYS:

- YOUR PERSONAL HEALTH INFORMATION INCLUDING OF YOUR CLINICAL RECORDS, MAY BE DISCLOSED TO ANOTHER HEALTH CARE PROVIDER OR HOSPITAL IF IT IS FURTHER NECESSARY TO REFER YOU FOR FURTHER DIAGNOSIS, ASSESSMENT OR TREATMENT.
- YOUR HEALTH CARE RECORDS, AS WELL AS YOUR BILLING RECORDS MAY BE DISCLOSED TO ANOTHER PARTY, SUCH AS AN INSURANCE CARRIER, AN HMO, A PPO OR YOUR EMPLOYER, IF THEY ARE OR MAY BE RESPONSIBLE FOR THE PAYMENT OF YOUR SERVICES.
- YOUR NAME, ADDRESS, PHONE NUMBER AND YOUR HEALTH RECORDS MAY BE USED TO CONTACT YOU REGARDING APPOINTMENT REMINDERS, INFORMATION ABOUT ALTERNATIVES TO YOUR PRESENT CARE, OR 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. FURTHER, YOU HAVE THE RIGHT TO INSPECT OR OBTAIN A COPY OF THE INFORMATION WE WOULD 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 NOT PROVIDE US WITH THIS AUTHORIZATION, IT WILL NOT AFFECT THE CARE PROVIDED TO YOUR OR THEIR REIMBURSEMENT AVENUES ASSOCIATED WITH YOUR CARE.

UNDER FEDERAL LAW, WE ARE PERMITTED OR REQUIRED TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION IN THESE FOLLOWING CIRCUMSTANCES:

- IF WE ARE PROVIDING HEALTH CARE SERVICES TO YOU BASED ON THE ORDERS OF ANOTHER HEALTH CARE PROVIDER
- IF WE PROVIDE HEALTH CARE SERVICES TO YOU IN AN EMERGENCY
- IF WE ARE REQUIRED BY LAW TO PROVIDE CARE SERVICES TO YOU IN AN EMERGENCY
- 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 OUTLINE ABOVE, WILL ONLY BE MADE AVAILABLE UPON YOUR WRITTEN AUTHORIZATION.

WE NORMALLY PROVIDE INFORMATION ABOUT YOUR HEALTH IN PERSON AT THE TIME YOU RECEIVE CHIROPRACTIC CARE FROM US. WE MAY ALSO MAIL INFORMATION TO YOU REGARDING YOUR HEALTH CARE OR ABOUT STATUS OF YOUR HEALTH. 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, PLEASE ADVISE US IN WRITING AS TO YOUR PREFERENCE.

YOU HAVE THE RIGHT TO INSPECT AND/OR COPY YOUR HEALTH INFORMATION FOR SEVEN 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. REQUEST TO INSPECT, COPY OR AMEND YOUR HEALTH RELATED INFORMATION SHOULD BE PROVIDED TO US IN WRITING.

PLEASE SEE OTHER SIDE

WE ARE WRITING REQUIRED BY STATE AND FEDERAL LAW TO MAINTAIN THE PRIVACY OF YOUR PATIENT FILE AND THE PROTECTED HEALTH INFORMATION THEREIN. WE ARE ALSO REQUIRED TO PROVIDE YOU WITH THIS NOTICE OF OUR PRIVACY PRACTICES WITH RESPECT TO YOUR HEALTH.

WE ARE FURTHER REQUIRED BY LAW TO ABIDE BY THE TERMS OF THIS NOTICE WHILE IT IS IN EFFECT. WE RESERVED THE RIGHT TO ALTER OR AMEND THE TERMS OF THE PRIVACY NOTICE. IF CHANGES ARE MADE TO OUR PRIVACY NOTICE, WE WILL NOTIFY YOU IN WRITING AS SOON AS POSSIBLE FOLLOWING THE CHANGES. ANY CHANGE IN OUR PRIVACY NOTICE WILL APPLY FOR ALL OF YOUR HEALTH INFORMATION IN OUR OFFICE. 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 FEDERAL PRIVACY RULES.

IF YOU HAVE A COMPLAINT REGARDING OUR NOTICE, OUR PRIVACY PRACTICES, OR ANY ASPECT OF OUR PRIVACY ACTIVITIES YOU SHOULD DIRECT YOUR COMPLAINT TO: DR. LARRY H. HEATON AND SECURITY OFFICE.

IF YOU WOULD LIKE FURTHER INFORMATION ABOUT OUR PRIVACY POLICIES AND PRACTICES, PLEASE CONTACT:
DR. LARRY H HEATON
HEATON CHIROPRACTIC CENTER
1406 BELTLINE ROAD SUITE A
DECATUR, AL 35601
(256)-351-8971

THIS NOTICE IS EFFECTIVE AS OF _____. THIS NOTICE, AND ANY ALTERATIONS OR AMENDMENTS MADE HERETO WILL EXPIRE SEVEN YEARS AFTER THE DATE UPON WHICH THE RECORD WAS CREATED. MY SIGNATURE ACKNOWLEDGES THAT I HAVE RECEIVED A COPY OF THIS NOTICE.

NAME (PLEASE PRINT)

SIGNATURE

DATE

IF YOU ARE A MINOR, OR IF YOU ARE BEING REPRESENTED BY ANOTHER PARTY:

PERSONAL REPRESENTATIVE PRINTED

PERSONAL REPRESENTATIVE SIGNATURE

DATE

DESCRIPTION OF THE AUTHORITY TO ACT ON BEHALF OF THE PATIENT