

Notice of Privacy Practice Summary

This summary discloses how protected health information about you may be used. A full notice of your privacy rights is listed at our website: www.auroracentralchiropractic.com. This notice is effective as of August 1, 2011.

This clinic uses health information about you for treatment, to obtain payment for treatment with your authorization as required by state laws, for administrative purposes, and to evaluate the quality of care that you receive.

This chiropractic clinic may use your information to provide appointment reminders, information, about treatment alternatives or other health-related issues; sharing test results or physical exam findings with other health care professionals for confirmation of a diagnosis; providing treatment and diagnosis information with third party payers (insurance companies) to obtain payment; providing diagnosis and treatment information with independent billing services to obtain payment from third party payers; and reviewing information as part of our ongoing review of patient satisfaction and service.

This clinic may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

- ❖ Providing you with information related to your health status.
- ❖ Incidental uses or disclosures (e.g. listing your name on our referral board, or sign in sheet).
- ❖ Posting to all who enter our practice, in our lobby photos or written testimonials sent by you or other family members.
- ❖ Compliance with laws regarding reports of suspected abuse, neglect, or violence.
- ❖ Providing certain specified information to law enforcement or correctional institutions.
- ❖ Providing information to coroner, medical examiner, funeral director, or organ procurement organizations.
- ❖ Public health activities when requested by a public health authority or the FDA.
- ❖ Responding to health oversight agencies.
- ❖ Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful process.
- ❖ Research activities.
- ❖ When necessary to avert a serious, national, security, intelligence, Dept. of State, or presidential protective service activities.
- ❖ Providing information regarding your location, general condition or death to public or private disaster relief agencies; or
- ❖ Informing family members, other relatives, or a close personal friend when:
 - Information is relevant to the individual's involvement with your care;
 - Notification of your location, general health condition or death;
 - To assist in your health care (e.g. pick-up x-rays, documents or other notes for follow-up care instructions, etc.).

Patient's Name (print)

Patient's Signature

Date

**Your signature only proves that we have provided you this privacy notice summary from our office.*