

Infinite Chiropractic
802 W Main St
Centralia, WA 98531
(360)736-6263

Privacy Notice

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

Your **Protected Health Information** hereafter referred to as PHI (i.e., individually identifiable information such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used or disclosed by us in one or more of the following respects:

- To other health care providers in connection with providing chiropractic care to you;
 - To third party payors or spouses (i.e., insurance companies, employers with direct reimbursement, attorneys, Dept. of L&I, etc.) to obtain payment of your account (i.e., to determine benefits, dates of payment, etc.); ● To certifying, licensing, and accrediting bodies in connection with obtaining certification, licensure, or accreditation;
 - Internally, to all staff members who have any role in your treatment;
 - To other patients and third parties who may see/hear incidental disclosures about your treatment, scheduling, etc.;
 - We may contact you by phone/mail to provide appt. reminders for various reasons (i.e.; cards, yearly newsletter).
- Any other uses or disclosures of your PHI will be made only after obtaining your written authorization, which you have the right to revoke.

Under the new privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your PHI. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. (except in case of emergency);
- Request confidential communication of your PHI;
- Inspect and obtain copies of your PHI through asking us;
- Amend your PHI, (we are not required to modify your information if it is accurate and/or complete.); ● Receive an accounting of certain disclosures made by us or your PHI; and you may, without risk of retaliation, file a complaint as to any violation by us of your Privacy right with us (by submitting inquiries to our privacy contact person at our office) or the United States Secretary of Health and Human Services which must be filed within 180 days of the violation.

We have the following duties under the privacy rules:

- By law, to maintain the privacy of PHI and to provide you with this notice setting forth our legal duties and privacy practices with respect of such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- To advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all PHI maintained by us, and that if we do so, we will provide you with a copy of the revised Privacy Notice.

This Privacy Notice is effective as of the date of your signature. If you have any questions about the information in this Notice, please ask our Privacy Contact Person or direct your questions to the person in writing at our office address. Thank you.

Patient Acknowledgement

I hereby acknowledge that I have read and reviewed this Privacy Notice and a copy is available to me upon my request.

_____ Relationship _____

Patient Signature (Parent or Guardian if patient is a minor)

Date _____