

Privacy Notice for Patients

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

In the course of your care as a patient at SRQDC, we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is 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(s), e-mail and your health care records may be used to contact you regarding appointment reminders, re-evaluations or information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not able to personally receive an appointment reminder, a message may be left on your voice mail, by e-mail note, and/or by text message. Furthermore, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide us with this authorization for this office to contact you regarding these matters. If you do not provide us with this authorization, it will not affect the care provide to you or the reimbursement avenues associated with your care.

Under Federal law, we are also permitted or required to use or disclose your health information without your consent or authorizations 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 to you and we are unable to obtain your consent after attempting to do so.
- 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 outlined above, will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail or e-mail information to you regarding your healthcare or about the status of your account.

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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 preferences.

You have the right to inspect and/or copy your health information for four 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 amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

We are required by the state and federal law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy policy we will notify you in writing as soon as possible following the changes. Any change in our privacy policy notice will apply for all of your health information files.

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 the federal privacy rules.

If you have a complaint regarding our privacy notice, privacy practices or any aspect of our privacy activities you should direct your complaint to: **Dr. William J. Maecker**

If you would like further information about our privacy policies and practices please contact :

Dr. William J. Maecker (941) 518-2247

This notice is effective as of _____. This notice, and any alterations or amendments made hereto will expire four 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 presented by another party:

Personal Representative (Print)

Signature

Date

Description of the authority to act on behalf of the patient (i.e.: parent, guardian, etc.)