

CHIROPRACTIC PROFESSIONAL CENTER

Notice of Privacy Practices

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.

USES AND DISCLOSURES

Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory test and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the service provided and the medical condition being treated.

Your health information may be used as necessary to support the day-to-day activities and management of the Chiropractic Professional Center. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

INDIVIDUAL RIGHTS

You have the following rights under the federal privacy standards. They include:

- The right to request restrictions on the use and disclosure of you protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protective health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

We are required by law to maintain the privacy of your protected health information. We must abide by the terms of this notice or any update of this notice.

If you would like to submit a comment or complaint about our privacy practices you can do so by sending a letter outlining your concerns to: **Chiropractic Professional Center, 10903 Indian Head Hwy, Suite 506, Fort Washington, MD 20744, Phone: (301) 292-7500, Fax: (301)203-1511**

If you believe your privacy rights have been violated, you should call the member to our attention by sending a letter describing the cause of your concern to the same address above. You will not be penalized or otherwise retaliated against for filing a complaint. This office reserves the right to modify the privacy practices outlines in this notice.

I acknowledge receipt of this notice.

Name of patient: _____

Signature of patient: _____

Signature of patient representative/guardian: _____ Relationship: _____

Date: _____