

Denison Chiropractic Clinic - 17 South 14th Street - Denison IA 51442

FORM NOTICE OF PRIVACY PRACTICE SUMMARY

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided to you. Denison Chiropractic Clinic uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check your state laws), for administrative purposes, & to evaluate the quality of care that you receive.

Denison Chiropractic Clinic will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Denison Chiropractic Clinic may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

Denison Chiropractic Clinic may disclose your information for public health activities, to funeral directors to enable them to carry out their activities, for organ & tissue donations, research, health & safety, governmental function in order to comply with workers compensation laws & regulations, a right to request restriction, report & retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization & request an accounting of your health records.

You may complain to the Privacy Officer & to the Department of Health & Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Denison Chiropractic Clinic must maintain the privacy of protected health information, provide you with notice of its legal duties & privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations & obtain your written authorization to use or disclose your health information **for reasons** other than those listed about & permitted under law.

FORM: CONSENT FOR PURPOSES OF TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

I consent to the use or disclosure of my protected health information by Mitchel Kinsey, D.C. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Mitchel Kinsey, D.C..

I understand that diagnosis for treatment of me by Denison Chiropractic Clinic may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Denison Chiropractic Clinic is not required to agree to the restrictions that I may request. However, if Mitchel Kinsey, D.C. agrees to a restriction that I request, the restriction is binding on Mitchel Kinsey, D.C. and the Denison Chiropractic Clinic.

I have the right to revoke this consent, in writing, at any time, except to the extent that Denison Chiropractic Clinic or Dr. Mitchel Kinsey, D.C. has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me & created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition & identifies me, or there is a reasonable basis to believe the information may identify me.

I *understand* I have a right to review Mitchel Kinsey, D.C.'s Notice of Privacy Practices prior to signing this document.

The Mitchel Kinsey, D.C.'s Notice of Privacy Practices has been provided to me.

The Notice of Privacy Practices describes the types of uses & disclosures of my protected health information, that will occur in my treatment, payment of my bills or in the performance of health care operations of the (Health Care Provider).

The Notice of Privacy Practices for Denison Chiropractic Clinic is also provided 17 South 14th Street - IA - Denison - 51442 & on-the Denison Chiropractic Clinic website.

This Notice of Privacy Practices also describes my rights & the duties of Denison Chiropractic Clinic with respect to my protected health information.

Mitchel Kinsey, D.C. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices calling the office & requesting a revised copy to be sent in the mail or asking at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority