

# HAYNES CHIROPRACTIC

19035 E. San Tan Blvd. # 110 Queen Creek, AZ 85142 480-882-2400

## Notice of Privacy Practices

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

THE PATIENT IDENTIFIED ABOVE AUTHORIZES HAYNES CHIROPRACTIC TO USE AND OR DISCLOSE PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THE FOLLOWING. PLEASE READ CAREFULLY.

HAYNES CHIROPRACTIC is required by law to maintain privacy and confidentiality of your protected health information and to provide patients with notice of our legal duties and privacy practices with respect to your protected health info.

- We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.
- We may disclose only necessary health information to your insurance provider and or our billing service for the purpose of payment or health care operations.
- We may disclose your health information in the course of any administrative or judicial proceeding.
- We may use your address, phone number and clinical records to contact you with appointment reminders, missed appointment notification, birthday cards, holiday related cards, information about treatment alternatives or other health related information.
- We may contact you and leave a phone message on your answering machine or voice mail regarding appointments or other health related information.
- We may have a sign in sheet on which other patients will be able to see your name only.
- We have open adjusting rooms that are not completely enclosed and therefore are semi-private.

By signing this form you are giving HAYNES CHIROPRACTIC permission to use and disclose your protected health information in accordance with the directives listed above.

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised that HAYNES CHIROPRACTIC is not required to agree to the restrictions that you request.
- You have a right to receive an accounting of disclosures of your protected health information made by HAYNES CHIROPRACTIC.
- You have the right to a paper copy of this Notice of Privacy Practices upon request.
- You have the right to revoke this AUTHORIZATION, in writing, at any time. However, your written request to revoke this AUTHORIZATION is not effective to the extent that we have provided services or taken action in reliance on your authorization.
- You have the right to refuse to sign this AUTHORIZATION. If you refuse to sign this AUTHORIZATION, HAYNES CHIROPRACTIC will not refuse to provide treatment.

Patient or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_