

PRIVACY PRACTICES ACKNOWLEDGEMENT

Sigafoose Chiropractic Life Center

6997 Lincoln Hwy

Thomasville, PA 17364

We are required by state and federal law to maintain the privacy of your patient file and the health protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health.

You have the right to inspect and or copy your health information for seven years from the date that the record was created or for as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

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

1. 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.
2. Your health care records as well as your billing records may be disclosed to another part, such as an insurance carrier, and HMO, a PPO, or your employer (if they are or may be responsible for the payment of your services.)
3. Your name, address, phone number and your health care records may be used to contact you regarding appointment reminders, to provide information about alternatives to your present care, or to other health related information that may be of interest to you.
4. If we are ordered by the courts or another appropriate agency.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to: Tina Sigafoose

I have received the notice of Privacy practices and I have been provided an opportunity to review it.

Print Name _____

Birth date _____

Signature _____

Date _____