

**Windham Chiropractic and Rehabilitation
Privacy Notice Summary**

(A copy of the complete Windham Chiropractic and Rehabilitation's Notice of Privacy Practices is available to be read in our office waiting room or you may request that we hand or mail a copy to you.)

This notice describes and gives examples of how chiropractic and health and information about you/your child may be used and disclosed and how you can get access to this information. REVIEW IT CAREFULLY.

Federal Law requires us to:

- < Make sure that health information that identifies you is kept private.
- < Give you this notice of our legal duties and privacy practices with respect to health information.
- < Follow the terms of the notice that is currently in effect.

Examples of how we may use and disclose health information about you:

For TREATMENT purposes we may use and disclose your health information

- < To another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment.
- < To members of your treatment team such as your physician or specialist.
- < To a family member, friend or other person only to the extent necessary to help with your care or payment for your care.
- < To contact you regarding appointment reminders, information about alternative to your present care, or reminder or other related information, a message may be left on your answering machine or with a person in your household. You have a right to confidential communications and to request restrictions relative to such contacts and to be contacted by alternative means or at alternative locations

For PAYMENT purposes we may use and disclose health information about you

- < To another party, such as an insurance carrier, an HMO, a PPO., or your employer, if they are responsible for the payment of services provided to you.
- < When we process payment by credit card.
- < When we try to collect unpaid amounts through collections agencies.

For HEALTHCARE OPERATIONS

- < In the case of financial or billing audits.
- < In the case of internal quality assurance, review of practitioners and credential activities.
- < In the case of contact you for an appointment reminded, schedule change, or other related information.

We are permitted and may be required to use or disclose your health information without your authorization in the following circumstances:

- < To governmental authorities about victims of suspected abuse, neglect or domestic violence.
- < In response to subpoenas, court orders, or administrative agencies.
- < 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 communication with you, but in our professional judgement we believe that you intend for us to provide care.

You have the right to receive an accounting of any such disclosures made by this office. In addition to our use of your health information for treatment, payment, or healthcare options, you may give us written authorization to disclose your healthcare information to anyone for any purpose.

Patient Rights:

You may request that we restrict how we disclose your health information for treatment, payment, or health care operations. We are not required to agree to this request. If we do agree, we will comply with this request except in the case of an emergency.

You may request that we communicate your health information with you in a certain way.

You may request to review or get photocopies of your health information. This request must be in writing.

My signature acknowledges that I have been offered a copy of this notice.

Name (Printed Please)

Signature

Date