



Your Privacy

NOTICE OF PRIVACY PRACTICES & NEW PATIENT HEALTHCARE AUTHORIZATION AND CONSENT FORM

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

This Notice applies to Watkins Chiropractic

OUR RESPONSIBILITY UNDER THE FEDERAL PRIVACY STANDARD

In addition to providing you with your rights, as detailed below, the federal privacy standard requires Watkins Chiropractic to:

Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.

Provide you with this Notice as to our legal duties and privacy practices with respect to the individually identifiable health information we collect and maintain about you.

Abide by the terms of this Notice.

Mitigate (lessen the harm of) any breach of privacy or confidentiality.

All Watkins Chiropractic staff, interns, contracted individuals who are involved in providing your care are expected to follow the privacy practices as stated in this Notice.

USE AND DISCLOSURE OF HEALTH INFORMATION

Watkins Chiropractic will not use or disclose your health information without your authorization, except as described in this Notice or otherwise required by law. We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, you may request a copy of the Notice by calling our Office, 770-545-0656. The following are examples of how Watkins Chiropractic will use and disclose your health information for treatment, payment and healthcare operations. These examples are not meant to be inclusive, but describe types of uses and disclosures.

To Provide Treatment

We will use your health information within our office to provide you with health care treatment, including administrative and clinical office procedures. In addition, we may share your health information with health care personnel providing your treatment.

To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you via mail or email.

To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

In Patient Reminders

We will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you. These may include birthday cards, holiday related cards, and information about treatment alternatives or other health related information.

Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

Public Health and National Security

We may be required to disclose to Federal officials health information necessary to complete an investigation related to public health or national security.

For Law Enforcement

As permitted by law, we may disclose your health information to a law enforcement official for certain purposes including under limited circumstances, if you are a victim of a crime or in order to report a crime.

Family, Friends and Caregivers

We may share your health information with those you tell us will be helping you with your treatment or payment. We will be sure to ask your permission first.

PATIENT RIGHTS

Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. We will make every effort to honor reasonable restrictions.

Confidential Communications

You have the right to request that we communicate with you in a certain way. We will make every effort to honor reasonable requests for confidential communications.

Inspect and Copy Your Health Information

You have the right to read, review and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health care operations. Tell us in writing the time period you are interested in. Thank you for limiting your request to no more than six years at a time.

Amend Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. To standardize this process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the record in question was not created by our office, is not part of our records, or if the records are determined to be accurate and complete.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this notice of privacy practices directly from our office. We are required by law to maintain the privacy of your health information and to provide you this Notice of our **Privacy Practices**. We are required to practice the policies and procedures described in this notice, but we do reserve the right to change the terms of our Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. Please express any concerns to us in writing.

I authorize Watkins Chiropractic to use and/or disclose protected health information in accordance with the following:

- I give permission to Watkins Chiropractic to use my address, phone number and clinical records to contact me with birthday cards, holiday related cards and information about treatment alternatives or other health related information.
- I give Watkins Chiropractic permission to treat me in an open room where other patients are also being treated. I am aware that other persons in the office may overhear some of my protected health information during the course of care. Should I need to speak with a doctor at any time in private, the doctor will provide a room for these conversations.
- By signing this form you are giving Watkins Chiropractic permission to use and disclose your protected health information in accordance with the directives listed above.

Right to revoke authorization

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 may revoke this authorization by mailing or hand delivering a written notice to the Privacy Official at Watkins Chiropractic. The written notice must contain the following:

Patient Name, Social Security number, date of birth and a clear statement of your intent to revoke this authorization, date of request and signature. The revocation is not effective until it is received by the Privacy Official.

Note: This authorization is requested by Watkins Chiropractic for its own use/disclosure of PHI. (Minimum necessary standards apply. You have the right to inspect or copy the PHI to be used/disclosed.) You have the right to refuse to sign this authorization. If you refuse to sign, Watkins Chiropractic will not refuse to provide treatment.

This Notice is effective April 1, 2005