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Notice of Privacy Practices

Please read carefully you will be asked to sign this document as acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary. Here at Well Adjusted Chiropractic and Acupuncture Clinic we will follow this Notice of Privacy Practices

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA). It describes how we may use or disclose your protected health information, with whom than information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. The following examples are permitted uses and disclosure of your protected health information. These examples are not exhaustive. By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the secretary of Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of you health information. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. In emergencies, we will use and disclose your protected health information to provide the treatment you require. Your protected health information will be used, as needed, to obtain payment for your health care services. We may use or disclose your protected health information to support the daily activities related to health care. We may use or disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. We may use or disclose your protected health information if law or regulation requires the use or disclosure. We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal, and in certain conditions in response to a subpoena, discovery request, or other lawful process. Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs. Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status.

You may inspect and obtain a copy of your protected health information that is contain in a "designated record set" for as long as we maintain the protected health information. You may obtain a paper copy of this notice at your request. If you believe these privacy rights have been violated, you may file a written complaint with the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

Thank you for your cooperation.

Signature

Date