



VERNE CHIROPRACTIC CLINIC, PA

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Notice Of Privacy Practices

Your Authorization

Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. This form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke that authorization in writing, except to the extent we have already relied upon it.

Uses and Disclosures for Treatment

We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors, nurses, and other professionals involved in emergency situation will use information in your medical record to plan a course of treatment for you that may include procedures, medications, tests, etc. Other reasons may be for auditing purposes or required by law enforcement for specific circumstances.

Uses and Disclosures for Payment

We will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Individual rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe the information in your record is incorrect or important information is missing, you have the right to request that we correct the existing information or add the missing information.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing with the doctor's office or Guest Services department of the hospital you visited. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

Our Legal Duty

We are required by law to maintain the privacy of our patients' personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice of Privacy Practices so long as it remains in effect.

Patient Signature

Date