



CHIROPRACTIC CARE CENTER  
DR. CYNTHIA MUNSON, DR. LONDA JOZWOWSKI  
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## **Notice of Privacy Practice**

Effective September 23, 2013

**THIS NOTICE DESCRIBES HOW THE CHIROPRACTIC DOCUMENTATION (MEDICAL RECORDS) AND OTHER PERSONAL HEALTH INFORMATION OBTAINED IN THIS OFFICE ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

This chiropractic office (the “Practice”), in accordance with Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, (the “Privacy Rule”) and applicable state law, is committed to protecting the privacy of your protected health information (“PHI”). PHI includes information about your health condition and care and treatment you receive from the Practice. The Practice understands that information about your health is personal. This Notice explains how PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI. **The Practice is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice’s legal duties and practices with respect to your PHI. The Practice is also required by law to abide by the terms of this Notice.**

### **HOW THE PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The Practice, in accordance with this Notice and without asking for your express consent or authorization, may use and disclose your PHI for the purpose of:

**For Treatment-** We may use PHI to provide you with treatment. We may disclose your PHI to chiropractic physicians, chiropractic technicians, chiropractic assistants, medical physicians, nurses, medical technicians, clinicians, chiropractic or medical students, hospitals and other health facilities involved in or consulting in your care. We may also disclose information about you to people outside the practice, such as other health care providers involved in providing treatment to you, and to people who may be involved in your care, such as family members, clergy, or others we use to provide services that are part of your care. If we refer you to another health care provider, we would, as part of the referral process share PHI information about you. For example, if you were referred to a specialist, we would contact the doctor’s office and provide such information about you to them so that they could provide services to you.

**For Health Care Operations-** We may use and disclose your PHI for our own health care compliance operations and the operations of other individuals or organizations involved in providing your care. This is necessary for us to operate with all necessary rules and regulations to be compliant and to make sure that our patients receive quality health care. For example, we may use information about you to review the services we provide and performance of our employees in caring for you.

**For Payment-** We may use and disclose your PHI so we can be paid for the services we provide to you. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or government program, such as Medicare or Medicaid, with information about your condition and the health care you need to receive prior approval or to determine whether your plan will cover the services.

**Sign in Sheet-** Chiro Health’s Sign in Sheet is located on the front desk counter. As our patient we request you sign your name on this sheet when visiting our office, however it is not required.

**Photo/Video Release Authorization-** I authorized Chiro-Health Chiropractic Care Center to use photo and video content of myself and my family for promotion of our clinic. I release Chiro-Health Chiropractic Care Center and its employees of all legal liabilities.