SUMMIT
CHIROPRACTIC & WELLNESS

HIPAA Privacy Policy

Uses and Disclosures

Here are some examples of how we might use or disclose your health information:

*Dr. Simpson or a staff member may need to disclose your health information including all of your clinical records to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition.

*Dr. Simpson and members of the practice staff may need to use your name, address, phone number, and your clinical records to contact you to provide appointment reminders, information about treatment alternatives, or other health-related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message will be left on your answering machine.

Our Privacy Pledge

We will always respect your privacy. We will not sell or provide any of your health information to any outside marketing organization.

Permitted Uses and Disclosures
Without Your Consent or Authorization

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following scenarios:
*We are permitted to use or disclose your health information if we are providing health care services to you based on the orders of another health care provider.
*We are permitted to use or disclose your health information if we provide health care services to you in an emergency.
*We are permitted to use or disclose your health information if we are required by law to care for you and we are unable to obtain consent after attempting to do so.
*We are permitted to use or disclose your health information if there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care.

Other than the circumstances described in the previous examples and under the ***Uses and Disclosures*** section above, any other use or disclosure of your health information will only be made with your written authorization.

Your Health Information Rights:

- **You may revoke your authorization to us at any time; however, your revocation must be in writing.** Under the following circumstance we will not be able to honor your revocation request: If we have already released your health information before we receive your request to revoke your authorization.
- **Your right to limit uses or disclosures.** If there are health care providers, hospitals, employers, insurers, or other individuals or organizations to whom you do not want us to disclose your health information, please let us know, in writing, what individuals or organizations to whom you do not want us to disclose your health care information.
- **Your right to receive confidential communication regarding your health information.**
- **Your right to inspect and copy your health information for seven years from the date that the record was created** or as long as the information remains in our files. We require that your request to inspect and/or copy your health information be in writing.
- **Your right to amend your health information for seven years from the date that the record was created** or as long as the information remains in our files. We require your request to amend your records to be in writing and for you to give us a reason for changes.

Re-disclosure

Information that we use or disclose may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

Our Duties

We are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information.

PRIVACY NOTICE ACKNOWLEDGEMENT

We at Summit Chiropractic and Wellness take your privacy serious, especially in matters that concern your personal health information. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to supply you with a copy of our privacy policies and procedures. We encourage you to read this document carefully, for it outlines the use and limitations of the disclosure of your health information and your rights as a patient/guardian. Please let us know if you have any questions or concerns regarding the use of your health information.

Notice of Privacy Practices Acknowledgement Form

I have received the Notice of Privacy and I have been provided an opportunity to review it.

Patient Name ________________________________

Birth Date ___________________________________

Patient Signature ______________________

Date ____

Dr. Simpson, DC
Summit Chiropractic and Wellness, LLC
1262 N. 22nd Street, Unit C, Laramie, WY 82072
Phone: (307) 460-9922