

Brewer Chiropractic Clinic
702 IH 20W, Suite 100
Arlington, TX 76017
(817) 467-2010

Notice of Privacy Practices

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

OUR LEGAL DUTY: We are required by law to maintain the privacy of your health information. We are also required to give you this Notice about privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice. This Notice takes effect 04-14-03 and will remain in effect until we replace it. We reserve the right to make the changes in our private practice and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices we will change this Notice and make the new Notice available upon request. You may request a copy of this Notice at any time.

WE MAY USE AND DISCLOSE YOUR INDIVIDUAL HEALTH INFORMATION IN THESE WAYS:

TREATMENT: We may use or disclose your health information to a physician or healthcare provider.

PAYMENT: We may use or disclose your health information to obtain payment for service provided to you.

HEALTH CARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. This may include quality assessment and improvement activities, evaluation performance, accreditation, certification, licensing or credentialing activities. This may include health oversight activities, and response to legal or court administered orders.

YOUR AUTHORIZATION: You may give us written authorization to use your health information or to disclose your information to anyone, for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocations will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

TO YOUR FAMILY AND FRIENDS: We must disclose your health information to you. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare, but only if you agree that we may do so.

MARKETING HEALTH RELATED SERVICES: We will not use your health information for marketing communication without your written authorization.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we have reason to believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY: We may disclose health information to military authorities and also to authorized federal officials required for intelligence and national security activities authorized by law.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voice-mails, postcards or letters.)

PATIENT RIGHTS

CONFIDENTIAL COMMUNICATIONS: You have the right to request that our practice communicate with you in a particular manner or certain location. In order to request a type of confidential communication you must make a written request to the office.

REQUESTING RESTRICTIONS: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare, operations or certain other activities.

INSPECTIONS AND COPIES: You have the right to inspect and obtain a copy of your health records, including medical and billing records, but not psychotherapy notes. You must submit your request in writing. Our practice may charge a fee for the cost of copying and mailing records.

AMENDMENT: You have the right to request that we amend your health information; this must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS: If you have any questions about our privacy practices please contact us. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. We support your right to the privacy of your health information.

CONTACT PRIVACY: BREWER CHIROPRACTIC CLINIC, (817) 467-2010, FAX (817) 465-0476

Signatures

Your signature below indicates that you have read and understand what is contained in this Notice, and that you received a copy of this Privacy Notice for your records.

Patient's Signature

Date