

DERRY CHIROPRACTIC NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At DERRY CHIROPRACTIC, we have always kept your health records secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the term of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care may be allowed access to your file.

We may use or disclose your health information for payment for our services. For example, we may send a report of your progress to the insurance company.

We may use or disclose your health information for our normal health care operations. For example, staff may enter your information into our records.

We may share your medical information with our business associate, such as a billing service. We have written a contract with each associate to protect your privacy.

We may use your information to contact you. For example, we may send you a card or letter, we may also need to call and remind you of an appointment. If you are not available we may leave the information on your answering machine or with whomever answers the phone.

In an emergency, we may disclose your health information to a family member or any other person responsible for your care (such as E.M.T.'s or paramedics.)

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your permission.

You may request in writing that we may not use or disclose your health information as described above. We will let you know if we can comply with your request.

You have the right to know of any uses or disclosures we make with your health information beyond the normal uses.

As we need to contact you from time to time, we will use whatever address and phone number you prefer us to contact you at.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with few exceptions. Give us a written request regarding the information you wish to see. We may charge you a fee for copies released to your care.

You have the right to receive a copy of this notice.

If we change any of the details of this notice we will notify you in writing.

You may file a complaint with THE DEPARTMENT OF HEALTH AND HUMAN SERVICES at 200 Independence Ave. S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our PRIVACY OFFICER, DR. AMY DERRY, at (720) 851-2475.

This notice goes into effect on April 14, 2003.

Acknowledgment

I have reviewed a copy of the DERRY CHIROPRACTIC notice of privacy practices.

Print Name _____

Signature _____ Date _____

If signing as a parent or guardian, please now the name of the patient _____