



## Health Information Privacy

Grasshopper Chiropractic and Weight Loss is required by law and in compliance with HIPAA (Health Insurance Portability and Accountability Act) to maintain the confidentiality of your protected health information and to provide patients with notice of privacy practices with respect to health records.

We may disclose health care information to other healthcare professionals within our practice for the purpose of analysis and treatment. It is our policy to provide another healthcare provider for your treatment during our absence.

We may disclose your health information to your insurance company for the purpose of payment. As a courtesy, we will provide you with an itemized statement for your insurance company for the purpose of reimbursement to you for service rendered; these itemized statements include diagnosis, date of injury, or condition, codes describing services rendered and charges.

We may contact you by mail, phone, text or email to provide appointment reminders, birthday cards, holiday cards, periodic announcements and services that may be of interest to you.

In emergencies we may disclose your health information to notify or assist in notifying a family member or another individual responsible for your case.

As required by law, we may release health information to public health authorities for the purpose of preventing or controlling disease, injury or disability, reporting a child abuse or neglect, domestic violence and reporting disease or infection exposure.

We may disclose your health information in the course of any administrative or judicial proceeding, law enforcement official, complying with a court order or subpoena or other law enforcement purposes.

As a courtesy, we may call your home or leave a voice message, text message or email stating your next appointment date and time, missed appointment or to discuss your account. No personal health information will be disclosed.

You have the right to request restrictions on certain uses and disclosures of your health information. If you have such a request, please notify Grasshopper Chiropractic and Weight Loss immediately with the restrictions.

You have the right to inspect and receive a copy of your health information. Further, you have the right to request Grasshopper Chiropractic and Weight Loss amend your health information but they are not required to agree to amend it. If your request is denied, you will be given an explanation of denial reasons and how you can disagree with the denial.

You have the right to receive an accounting of disclosure of your health information made by Grasshopper Chiropractic and Weight Loss.

Grasshopper Chiropractic and Weight Loss is required by law to maintain the privacy of your health information. If you have any questions regarding this notice, you may contact the Privacy Officer. If you need to make an appointment with the Privacy Officer you may do so by telephone or in person. If you are not satisfied with the way your complaint is handled, you may request the address to file a formal complaint.

We must disclose your health information to DHHS as necessary for them to determine our compliance with HIPAA standards.

Grasshopper Chiropractic and Weight Loss retains the rights to add, remove or alter this agreement as deemed necessary. Any such changes will be posted in the physical premises of Grasshopper Chiropractic and Weight Loss and shall be retroactively effective to the date of original signature.

I have read the Privacy Notice and understand my rights contained in the notice.

I provide Grasshopper Chiropractic and Weight Loss with my authorization and contact to use my protected Health Care information for the purposes of treatment, payment, and health care operations as described in the Privacy Notice.

Patient Name (Printed): \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_