

NOTICE OF PRIVACY PRACTICE

This office is required to notify you writing, that by law, we must maintain the privacy and confidentiality of your personal health information. In addition we must provide you with written notice concerning your rights to gain access to your health information, and the potential circumstances under which by law, or as dictated by - our office policy, we are permitted to disclose information about you to a third party without your authorization. Below is a brief summary of these circumstances. If you would like a more detailed explanation, one will be provided to you. In addition, you will find we have placed several copies in report folders labeled 'HIPAA' on tables in the reception. Once you have read this notice, please sign the last page, and return only the signature page (page 2) to our front desk receptionist.

PERMITTED DISCLOSURES:

1. Treatment purposes- discussion with other health care providers involved in your care
2. Inadvertent disclosures- open treating area mean open discussion. If you need to speak privately to the doctor please let our staff know so we can place you in a private consultation room.
3. For payment purposes- to obtain payment from your insurance company or any available collateral source.
4. For workers compensation purposes- to process a claim or aid in investigation
5. Emergency- in the event of a medical emergency we may notify a family member
6. Public health and safety in order to prevent to or lessen a serious or eminent threat to the health or safety of a person or general public.
7. Government agency or Law enforcement –to identify or locate a suspect fugitive or material witness or missing person.
8. For military national security prisoner and government benefits purposes.
9. Deceased persons –discussion with coroners and medical examiners in the event of your death
10. Telephone calls or emails and Appointment reminders -we may call your home to remind you of a missed appointment or leave messages when necessary concerning events or clinic hours.
11. Change of ownership- in the event of new ownership

YOUR RIGHTS:

1. To receive an accounting of disclosures
2. To receive a paper copy of this notice
3. To request mailings to an address different than residence
4. To request Restrictions on certain uses and disclosures and with whom we release information to
5. To inspect your records and receive one copy of your records at no charge, with notice in advance
6. To request amendments to information, however like restrictions we are not required to agree to them.

COMPLAINTS:

If you wish to make a formal complaints about how we handle your health information please call Dr. Bryn Gillow at (570) 992-2929. If Dr. Gillow is unavailable, you may make an appointment with our receptionist to see her within 2 working days. If you are still not satisfied wit the manner in which this office handles your complaint, you can submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Ave. SW
Room 509F HHH Building
Washington DC 20201

REGARDING NOTICE OF YOUR RIGHT TO PRIVACY continued....

Note: This office reserves the right to amend this notice of privacy practice at an time in the future and will make the new provisions effective for all information that it maintains past and present.

I have received a copy of Life is Good Chiropractic's Patient Privacy Notice and understand my rights as well as the practices duty to protect my health information, and have conveyed my understanding to the doctor. At this time, I do not have any questions regarding my rights or any of the information I have received.

Patient signature

Date

Patient Name Print

Witness

Date