

Anderson Chiropractic HIPAA Notice of Privacy Practices (PHI) Patient Consent Form

This notice describes how Protected Health Information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully. Effective 10/6/2020.

Use and disclosure of PHI is for the purpose of providing service. Providing treatment service, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and Federal laws allow us to use and disclose your health information for these purposes. This practice provides this Form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

1. The patient understands and agrees to allow this office to use their PHI for the purpose of treatment, payment, healthcare operations, and coordination of care. This office will limit the release of all PHI to the minimum needed for the request and/or required for payment.
2. The patient has the right to examine and obtain a copy of his/her own health records at any time and request amendment to their record. Note: A medical record copying fee may be applied to the patient. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. While we will try to honor your request, and will permit requests consistent with our policies, we are not required to agree to any restriction.
3. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented (in writing).
5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a Privacy Officer has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to any person(s) who is not authorized.
6. Patients have the right to file a formal written complaint with our Privacy Officer about any possible violations of these policies and procedures. A written response will be provided to the patient, by the Privacy Officer, within 30 calendar days.
7. If a patient refuses to sign, it does not prevent this health care provider from using or disclosing information as already permitted under HIPAA. This provider may not deny treatment if a patient refuses to sign an acknowledgement of having received a notice of privacy practices. However, payment for services may be required prior to treatment.

I have read and understand how my Patient Health Information (PHI) will be used and I agree to these policies and procedures.

Print Patient Name and Signature

Date