

HOPE FOR A BETTER TOMORROW
CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION (HIPAA)

This notice describes how therapeutic and medical information about you may be used and disclosed, your rights as a patient and ways for you to get additional information on our policies. Our clinic has always been very protective of your personal information. Under new federal regulations (HIPAA Privacy Act), we have adopted additional guidelines to ensure proper use, confidentiality, and disclosure of your health information.

We may release or disclose your health information under the following conditions:
For **treatment purposes** to another healthcare provider or clinic if we refer you, or to providers or staff within our clinic that are taking part in your care.
For **billing and collection purposes**, we may release records of your health care information that you have provided to your insurance carrier or other financially responsible parties.
For **operational purposes** within a clinic for quality control, office administration, record keeping, staff or provider training.

Specifically, you authorize the release of any information pertinent to your care to any insurance company, adjuster or attorney involved in the case for the purpose of obtaining payment on your health claims.

We may also use your personal health information to contact you regarding your appointment, to send you information about our clinic or office events, or to share treatment options. We will not disclose information about you to anyone outside of our office without your written approval.

You have the right to inspect or obtain a copy of the information we will use for these purposes. You have the right to amend your records to this office. You also have the right to refuse to provide authorization to this office to contact you regarding these matters. If you do not provide us with this authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care. Request to inspect, copy or amend your health-related information should be provided to your therapists.

We normally provide information about your health to you in person at the time you receive care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or if you would like the information in a different form, please advise us in writing as to your preferences. Information we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may not want to be protected by federal privacy rules.

If you have a complaint regarding our privacy notice, our policy practices or any aspect of our privacy activities, you should direct your complaint in writing to our clinic administrator.

NAME (PRINT)

DATE

SIGNATURE

DATE

*** IF YOU ARE A MINOR, OR IF YOU ARE BEING REPRESENTED BY ANOTHER PARTY, SIGN BELOW:**

NAME (PRINT)

DATE

SIGNATURE

DATE