Confidentiality & Disclosure Health Form for Minor

This notice describes how chiropractic 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 practice has always been very protective and respectful of your personal information. Under new federal regulations (**the HIPAA Privacy Act**), we have adopted additional guidelines to ensure the proper use, confidentiality and disclosure of your health information.

We May Release or Disclose Your Health Information:

- For treatment purposes to another health care 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 you health care and information to financially responsible parties.
- For operational purposes within our clinic for quality control, office administration, record keeping, staff or provider training.

We may also use your personal health information to contact you regarding your appointments, 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 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 at this office. You also have the right to refuse to provide authorization for 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. Requests to inspect, copy or amend your health related information should be provided to the Front Desk in writing.

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 that 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 no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint in writing to the Office Manager.

If you would like further information about our privacy policies and practices please ask to see the "NOTICE OF PRIVACY PRACTICES" binder from the office staff.

_____	_____	_____
Name (Printed please)	Signature	Date

If you are a minor, or if you are being represented by another party:

_____	_____	_____
Personal Representative (Printed)	Personal Representative Signature	Date