

NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Elements of Health & Wellness, Inc (DBA Adventure Chiropractic) is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your health information.

Disclosure of Your Health Care Information

We may disclose your health information TO: Your insurance provider, medical consultations, State Worker' Compensation, emergencies, for judicial and administrative proceedings, to law enforcement officials, coroners or medical examiners, and for public safety.

Your Health Information Rights:

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised; however, that Adventure Chiropractic is not required to agree to the restriction that you request.

You have the right to have your health information received and communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon request.

You have the right to inspect and request a copy of your health information (fee may be imposed).

You have the right to request that Adventure Chiropractic amend your protected health information. Please be advised; however, that Adventure Chiropractic is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have the right to receive an accounting of disclosures of your protected health information made by Adventure Chiropractic.

You have a right to receive a paper copy of the Notice of Privacy Practices at any time upon request.

Complaints

Complaints about your Privacy rights or how Adventure Chiropractic has handled your health information should be directed to Dr. Ross C. Keys by calling this office at (541) 617-9969. If Dr. Keys is not available, you may make an appointment for a personal conference in person or by telephone within two business days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

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

This notice is effective as of ____/____/____

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

By way of my signature, I provide Adventure Chiropractic with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment, and health care options as described in the Privacy Notice.

X _____
Patient's Name (Print)

X _____
Patient's Signature

Date

Authorized Facility Signature

Date

I also understand that if I do not sign this document, it will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits whether or not I provide authorization to use or disclose protected health information.

X _____
Signature of Patient or Patient's Authorized Representative

Date

X _____
Authorized Signature of Facility

Date

For a more complete copy of our Privacy Policy, please ask at the front desk.