

This Notice Describes How Chiropractic and Medical Information About You May be Used and Disclosed, and How You Can Receive Access to this Information. Please Review it Carefully and Thoroughly.

In the course of care as a new member at Scituate Harbor Chiropractic we may use or disclose personal and health related information about you in the following ways:

- 1. Your personal health information, including of your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or care.*
- 2. Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of your services.*
- 3. Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.*

If you are not at home/work to receive an appointment reminder, a message may be left on your answering machine/voice mail or office staff. Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. 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 provide to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

- 4. If we are providing health care services to you based on the orders of another health care provider.*
- 5. If we provide health care services to you in an emergency.*
- 6. If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.*
- 7. If there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care.*
- 8. If we are ordered by the courts or another appropriate agency*

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. Our office will also periodically send out personal mail (i.e. birthday cards, thank you notes etc.). 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.

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Privacy Notice

76A Front Street, Suite 21, Scituate, Massachusetts 02066

(781) 545-7388 • (781) 545-6552 fax

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. In addition you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

We are required by state and federal law to maintain the privacy of your member file and the health protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

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 would like further information, have a question, or have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities, please contact:

Debra M. Tranberg, D.C.
Scituate Harbor Chiropractic
76A Front Street, Suite 21
Scituate, MA 02066

This Privacy Notice is effective as of April 16, 2003. This Privacy Notice, and any alterations or amendments made hereto will expire seven (7) years after the date upon which the record was created.

My signature below acknowledges that I have read and understand both pages of the Scituate Harbor Chiropractic Privacy Notice and received a photocopy of the Privacy Notice.

I have read and understand this privacy notice.

Member Name (please print)	Member Signature	Date
Parent/Guardian Signature (if member is a minor under age 18)		Date

PROMOTING
HEALTH AND
WELL BEING
THROUGH
CHIROPRACTIC
CARE