

NOTICE OF PRIVACY PRACTICES

Protecting the privacy for your personal health information is important to us. This notice describes how information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

Disclosure of your Protected Health Information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, Public Health, research, and law enforcement activities. Any other disclosures for the purpose of treatment, payment, or practice operations will be made only after obtaining your consent. You may request restrictions or disclosures. We maintain a history of protected health information disclosure that is accessible to you.

Disclosure of protected health information is limited to the minimum necessary for the purpose of the disclosure. The provision does not apply to the transfer of medical records for treatment.

You may inspect and receive copies of your medical records within 30 days of a request to do so. There is a fee associated with this for photocopying, postage, and preparation.

You may request changes to you records. Our practice holds the right to accept or deny your request.

We may contact you by telephone or mail for appointment reminders, announcements, newsletters, post cards, or to check on your condition/status. We may also contact you to inform you about our practice and its staff or for any future special events.

Our practice is required to abide by this notice. We have the right to change this notice in the future. Any revisions will be promptly displayed in a clearly visible location in our office.

If you feel that there has been a violation of your protected health information you may make a report to Susan Rinn at 970-879-2045.

The effective date of this notice is July 23, 2003

I have read and received the notice of privacy practices outlining Rinn Chiropractic Center's policy for the protection of my personal health information. I understand my rights as a patient under this policy.

Print Name

Signature

Date