

Back In Action Chiropractic

20416 Bowfords St, Ashburn, VA 20147

Office: 703-858-3575

Fax: 703-858-3876

Cell: 703-673-6333

<http://www.back-n-action.com/>

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At Dr. Susan M. Clark's practice, we always keep your health information secure and confidential. A new law, Health Information Portability and Accountability Act (HIPPA), requires us to continue to maintaining your privacy, to give you notice and to follow the terms of this notice.

Our office is an open treatment setup which facilitates education and ease of treatment. Your private health matters will be discussed in private by appointment. Please let us know if you require specific private appointments to discuss personal health issues.

HIPPA permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialists doctor, whom we may involve in your care. We may use or disclose your health information for payment of your services. For example, we may send a report of progress to your insurance company. We may use or disclose your health information for our normal health operations. For example, one of our staff will enter your information into our computer. We may share your health information with our business associates, such as a billing service. We do have a written contract, with each business associate that requires them to protect your privacy. We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not at home, we may leave this message on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law. If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know, if we can fulfill your request. You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we may need to contact you from time to time, we will use whatever address or telephone you prefer. You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. A written request regarding the information you would like to see is necessary. If you would also like a copy of your records, we may charge you a reasonable fee for the copies. You have the right to request an amendment, change to your health information, and/or include a statement. These requests must be in writing. We may or may not make the changes you request, but we will be happy to include your statement as part of your file. If we agree to the amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services at 200 Independence Avenue SW Room 509F, Washington DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint or for more information or assistance regarding your health information privacy, please contact our privacy officer, Dr. Susan M. Clark at (703) 673-6333.

This notice goes into effect 1 Nov 2004.

I have read and understand the above privacy policy and may receive a copy at any time.

Patient's Name

Signature of Patient or Parent/Guardian