

Patient Privacy Notice

This notice describes how chiropractic and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

In the course of your care at Brennan Chiropractic we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including your clinical records, may be disclosed to another health provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment.
- 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 an employer, if they are or may be responsible for the payment of your services.
- 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 to receive an appointment reminder, a message may be left on your answering machine. Further you have the right to impact 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 provided to you of the reimbursement avenues associated with your care.

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. 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.

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

- If we are providing health care services to you based on the order from another provider.
- If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communication with you, but in our professional judgment we believe you intend for us to provide care.
- If we are ordered by the appropriate agency.

Any use or disclosure of your protected health information other than outlines above will only be made with your written authorization.

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 information must be provided to us in writing.

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

We are further required by law to abide by the terms of this notice while it is effect. We reserve the right to altar or amend the terms of this notice. If changes are made to our privacy policy we will notify you in writing. Any change in our privacy notice will apply to all of your health information in our files.

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 federal privacy rules.

If you have a complaint regarding our privacy policy, our privacy practices you should direct your complaint to the Privacy Officer at 351 Wellesley Trade Lane, Suite 101, Cary NC, 27519.

This office utilizes an 'open treatment' environment for ongoing patient care. "Open treatment" involves the possibility of our patients being seen in the same treatment environment at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within hearing of other patients and staff. A private, closed and confidential setting is provided for history taking, examinations, report of findings, etc. as determined by the doctor or staff. The use of this format is to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and information. If you choose not to be adjusted or use traction in an 'open treatment' environment, other arrangements will be made for you. This office also requests the presence of your spouse or significant other at your Doctor's Report appointment for the purpose of health education.

This notice is effective as of January 20, 2013. This notice and any alterations made hereto will expire seven years after this date. My signature acknowledges that I have received a copy of this notice.