



Dr. Heidi Wroebel's Chiropractic HIPPA Privacy Notice

Disclosure regarding how chiropractic and medical information about you may be used and disclosed and how you can get access to this information.

During the course of your care with Dr. Heidi Wroebel at Piedmont Network Chiropractic we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including all of our clinical records, may be disclosed to another health care 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 your employer, if they are responsible for the payment of your services.
- Your name, address, and 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 a call from us, a message may be left on your answering machine or with another person other than you who answers the phone. If you would prefer that we not leave a message for you, you must notify us in writing of that request. If you do so, it will not affect the care provided to you or the reimbursement avenues associated with your care. Further, you have the right to inspect or obtain a copy of the information we use for these purposes.]

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:

- If we are providing health services to you based on the orders of another health care provider.
- If we provide health care services to you in an emergency.
- 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 communicating with you, but in our professional judgment we believe that you intend for us to provide care for you.
- If we are ordered by the courts or another appropriate agency.

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- Any use or disclosure of your protected health information, other than as outlined above, will only be made available upon your written consent.
 - 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.
 - You have the right to inspect and/or copy your health information for seven years from the date that record was created 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.
 - You are entitled to choose whether you do not want your name to be seen by others on our recognition board as a new patient or by referring others to our practice. You are also entitled to choose if you do not want a birthday card, newsletter, or an email newsletter sent to your house. Please inform us in writing if you would like to exercise this request.

AFFIRMATION OF RECEIPT OF HIPPA PRIVACY NOTICE & PATIENT'S RIGHTS

My signature below acknowledges that I have read and understand my rights to privacy and security of Personal Health Information.

Print Name

Date

Signature

Parent/Guardian/Personal Representative Name Printed

Signature & Date