

The Chiropractic Office of your choice: The Durden Chiropractic Clinic, Inc.

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 as a patient at the Durden Chiropractic Clinic, we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including your clinical records, including written reports and x-rays, may be disclosed to another healthcare provider or hospital, if it is necessary to refer you for further diagnosis, assessment or treatment.
- Your healthcare 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.

Your name, address, phone number, e-mail address and your healthcare records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information. We may also use these to advise you about health related meetings, workshops, and products 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 or with the person answering the telephone. If we do not get a response or if you schedule an appointment for more than 2 weeks from your last appointment, we will contact you by sending a post card.

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 provided 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:

- If we are providing health care 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.
- 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. 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 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 patient 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.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for 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 the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to:

Dr. Marilyn L. Durden

If you would like further information about our privacy policies and practices please contact:

Dr. Marilyn L. Durden

It is important to us that you agree with the way your privacy is being handled. Therefore, we want to define our efforts to accommodate you and provide the best possible treatment. Please authorize the following procedures:

In our clinic, often, we provide chiropractic care in an "open-door" adjusting environment. This approach involves the doctor moving from one patient care room to another, leaving the doors to the adjusting rooms open. As a result, patients are occasionally within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and need NOT be used for taking patient history, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting, at your request.

In order to help your family and friends support you in your recovery and educate them about our process, we would like you to have them join you when you come for treatment. The doctor is willing to have them come into the treatment room to observe the treatment. If you call before your appointment, we can do a brief Report of Findings with your spouse. We find that they can be more supportive when they have a better understanding of your findings.

This office strives to provide our patients with a supportive healing environment. This includes the positive peer support, which can only be achieved by interaction between our patients. Therefore, we like to introduce our patients to each other, on a first name basis. Occasionally, the doctor will ask you, beforehand, to tell another patient about your experience with us. This is done on an individual basis, and only when the doctor thinks that this will support another's progress. At the time of request, you will be given the option to decline sharing this information.

We would like to post a thank you notice reflecting patients who refer other patients to our office. A brief thank you note will be posted on the bulletin board.

If you choose not to authorize this information use, your decision will have no adverse effect on your care from the Durden Chiropractic Clinic or on your relationship with our staff.

This notice is effective as immediately. This notice, and any alterations or amendments made hereto, will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.