

Notice of Receipt of Privacy Notice of Brackeen Chiropractic P.A.

PRIVACY PRACTICE SUMMARY

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided to you.

Brackeen Chiropractic P.A. uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check your state laws), for administrative purposes, and to evaluate the quality of care that you receive.

Brackeen Chiropractic P.A. will not disclose you information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Brackeen Chiropractic P.A. may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

Brackeen Chiropractic P.A. may disclose your information for public health activities, to funeral directors to enable them to carry out their activities, for organ and tissue donations, research, health and safety, governmental function in order to comply with workers compensation laws and regulations. a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting of you health records.

You may complain to the Privacy Officer Dr. Paul Brackeen and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Brackeen Chiropractic P.A. must maintain the privacy of protected health information, provide your with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

If you have any questions or complaints please contact Dr. Paul Brackeen at (316) 789-8100.

By signing below, I acknowledge that I have received and reviewed the Privacy notice of **Brackeen Chiropractic P.A., in force as of April 14, 2003 and all of my questions have been answered to my satisfaction in language that I can understand.**

Name of Individual (Printed)

Signature of individual

Signature of Legal Representative
(e.g., Attorney-In-Fact, Guardian,
Parent if a minor):

Relationship

Date Signed ____/____/____

Witness: _____

This form will be retained in your health record.