You have the right to inspect and/or copy your health information for seven years from the date that the record was created for 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 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 redisclosure by the person or persons 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. ROBERT CAPRILE \_\_\_

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

DR. ROBERT CAPRILE

## Notice of Information Practices

Our office may obtain information about you and any other person proposed for chiropractic health care. Most of this information will come from you and some may come from other sources. That information and any other subsequent information collected by our office may, in some circumstances, be disclosed to third parties without your specific consent. (Chiropractors and other health care providers are mandated by Federal Law to file Medicare claims to the Medicare Carrier on all Medicare patients within a one year time factor).

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.

Name (Please print)	Signature	ogstage per el entre	Date
If you are a minor, or if you are being	represented by	another party	
		stay bring the me	
Personal Representative (Printed)	Signature	the speciment have	Date

THIS AUTORIZATION MAY BE REVOKED BY YOU AT ANY TIME. REVOCATION MAY BE ACCOMPLISHED BY ADVISING US IN WRITING OF YOUR DESIRE TO WITHDRAW YOUR AUTHORIZATION. PLEASE ALLOW A REASONABLE PROCESSING TIME FOR THE CHANGE IN OUR SYSTEM TO BE COMPLETED.