



Kenn E. Iverson, D.C.

CHIROPRACTIC ARTS CLINIC

312 2nd Ave SW
Jamestown, ND 58401
Ph: 701.252.2424
Fax: 701.252.3205

NOTICE OF PRIVACY POLICY

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

Please review it carefully.

Chiropractic Arts Clinic is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

DISCLOSURE OF YOUR HEALTH CARE INFORMATION

TREATMENT. Chiropractic Arts Clinic may use medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies or prior injuries or surgeries that could influence our treatment process. It may be necessary to seek consultation regarding your condition from other health care providers associated with Chiropractic Arts Clinic.

PAYMENT. Chiropractic Arts Clinic may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment collected from you, an insurance company or a third party. Example: We may need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

WORKERS' COMPENSATION. Chiropractic Arts Clinic may disclose your health information as necessary to comply with State Workers' Compensation Laws.

EMERGENCIES. Chiropractic Arts Clinic may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

PUBLIC HEALTH. As required by law, Chiropractic Arts Clinic may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS. Chiropractic Arts Clinic may disclose your health information in the course of any administrative or judicial proceeding.

LAW ENFORCEMENT. Chiropractic Arts Clinic may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

DECEASED PERSONS. Chiropractic Arts Clinic may disclose your health information to coroners or medical examiners.

ORGAN DONATION. Chiropractic Arts Clinic may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

RESEARCH. Chiropractic Arts Clinic may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

PUBLIC SAFETY. It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

SPECIALIZED GOVERNMENT AGENCIES. Chiropractic Arts Clinic may disclose your health information for military, national security, prisoner and government benefits purposes.

REMINDERS. Our staff may use your name, address, phone number, and your records to contact you with appointment reminders, information about treatment alternatives, or other health related information that maybe be of interest to you. Of this contact is made by phone and you are not home, a message will be left on your machine. By signing this form, you give us authorization to contact you with the reminders and/or information. Chiropractic Arts Clinic may also send you a birthday card or post card with your name on it.

CHANGE OF OWNERSHIP. In the event that Chiropractic Arts Clinic is sold or merged with another organization, your health information/record will become the property of the new owner.

YOUR HEALTH INFORMATION RIGHTS

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Chiropractic Arts Clinic is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information. *(A separate release is required)*
- You have a right to request that Chiropractic Arts Clinic amend your protected health information. Please be advised, however, that Chiropractic Arts Clinic is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Chiropractic Arts Clinic.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES. Chiropractic Arts Clinic reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Chiropractic Arts Clinic is required by law to comply with this Notice.

COMPLAINT. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice. All complains must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.



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ACKNOWLEDGEMENT**

This form will be retained in your medical record.

This notice is effective as of ____ / ____ / ____

Chiropractic Arts Clinic keeps a record of the health care services we provide you. With an appropriate signed release form, you may ask to see and receive a copy of your record. You may also ask to correct that record. We will not disclose your health care record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about your record by contacting the Privacy Officer at Chiropractic Arts Clinic.

You will be asked to supply proper identification for the release of medical records.

Our full NOTICE OF PRIVACY POLICY describes in more detail how your health information may be used and disclosed and how you can access your information. You may ask for a copy to keep at any time.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

Printed name of Patient

Date of Birth

Patient or legally authorized individual signature

Date

Time

Printed name of authorized individual

Relationship (parent, POA, caretaker, etc.)

Authorized Clinic Employee signature

Date