

Columbia Advanced Chiropractic, LLC

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PATIENT PRIVACY CONSENT FORM (HIPAA)

To Our Valued Patients:

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.

The Department of Health and Human Services has established a 'privacy rule' to help insure that personal health care information about the patient regarding treatment, payment, and health care operations, remains private.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment, and health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent. If you have any objections to this form, please ask to speak to our HIPAA Compliance Officer.

The misuse of PHI has been identified as a national problem causing patients inconvenience, aggravation, and time. We want you to know that all people who work at Columbia Advanced Chiropractic, LLC strive to understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the 'privacy rule.' We also strive to achieve the very highest of standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate uses of PHI in accordance with the governmental rules, laws, and regulations. We want to insure that we never contribute to the growing problem of improper disclosure of PHI. We strive to be compliant and adhere to federal and state health care program requirements.

We also know that we are not perfect. Because of this fact, our policy is to listen to our patients if they feel that anything in our office compromises our policy of integrity and if they have any suggestions to help us better achieve the goals of PHI privacy.

Thank you for being one of our valued patients.

Print Name

Signature

Date