

Henderson Chiropractic & Sports Rehab, P.C.

Uses and Disclosure of Protected Health Information

Please read and initial after the following statements

Treatment: In order to provide you with health care you require, the Practice will provide your PHI to those health care professionals, whether on the Practice's staff or not, directly involved in your care so that they may understand your health condition and needs. For example, a physician treating you for low back pain may need to know the results of your latest physical examination by this office. _____

Payment: In order to get paid for services provided to you, the Practice will provide your PHI, directly or through a billing service, to appropriated third party payors, pursuant to their billing and payment requirements. The Practice may also need to tell your insurance plan about the treatment you are going to receive so that it can be determined whether or not it will cover the treatment expenses. ******PLEASE NOTE**-all statements for balances due will be mailed to the address on your Chiropractic Registration and History form _____

Health Care Operations: In order for the practice to operate with applicable law and insurance requirements and in order for the practice to continue to provide quality and efficient care it may be necessary for the practice to compile, use or disclose your PHI. _____

Practice Requirements:

1. Is required by Federal law to maintain the privacy of your PHI (Protected Health Information) and to provide the patient with this Privacy Notice detailing the Practices legal duties and privacy practices with respect to PHI.
2. Is required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information that is provided under Federal law. In particular, the Practice is required to comply with the Mississippi State Statutes under the Board of Chiropractic Examiners, Chiropractic Law.
3. Is required to abide by the terms of the Patient Privacy Notice.
4. Reserves the rights to change the terms of the Patient Privacy Notice and to make the new Privacy Notice provisions for all of your PHI that it maintains. For a revised notice of the patient privacy notice consult with office front desk.
5. Will distribute any revised Privacy Notice to you prior to implamentation.
6. Will post all Patient Privacy Notices requirements in the front lobby.
7. Will not retaliate against you for filing a complaint.

The Practice's Privacy Notice has been provided to me prior to my signing below. I have had a chance to ask questions and/or have concerns addressed. The Privacy Notice includes a complete description of the uses and/or disclosures of my protected health information ("PHI") necessary for the Practice to provide treatment to me and also necessary for the Practice to obtain payment for that treatment and to carry out it's health care operations. The Practice explained to me that the Privacy Notice will be available to me in the future at my request. The Practice has further explained my right to obtain a copy of the Privacy Notice prior to signing this Consent, and had encouraged me to read the Privacy Notice carefully prior to my signing this consent.

I understand that this consent is valid for seven years. I further understand that I have the right to revoke this Consent, in writing, at any time for future transactions, with the understanding that any such revocation shall not apply to the extent that the Practice has already taken action in reliance on this consent. I understand that if I revoke this consent at any time, the Practice has the right to refuse to treat me.

I have read and understood the above statements, and all of my questions have been answered to my full satisfaction in a way that I can understand.

effective date: This notice is effective June 1, 2009

Patient Signature: _____

Date: _____