

PREMIER CHIROPRACTIC AND REHAB

Dr. Shane Henry

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Office: 504-456-8560 Fax: 504-456-8562

NOTICE OF INFORMATION PRACTICES

Protecting the privacy of your personal information is important to us. This notice describes how information about you may be used and disclosed and you can get access to this information. Please review it carefully.

Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, public health, research, and law enforcement activities. Any other disclosures for the purpose of treatment, payment, or practice operations will be made only after obtaining your consent. You may request restrictions on disclosures.

You may inspect and receive copies of your records within 30 days a request to do so. There may be reasonable cost-based fee for photocopying, postage, and preparation.

You may request changes to your records. Our practice has the right to accept or deny your request.

We maintain a history of protected health information disclosures that is accessible to you.

In the future, we may contact you for appointment reminders, announcements, and to inform you about our practice and its staff.

In the future, we may contact the Chiropractic Association of Louisiana for assistance in receiving reimbursement for your services when the party responsible for reimbursing your services has improperly processed your claim.

Our practice is required to abide by this notice. We have the right to change this notice in the future. Any revisions will be prominently displayed in a clearly visible location in our office.

You may file a complaint about privacy violations by contacting our Office Manager.

Patient's Signature: _____ Phone: _____

Authorized Provider Representative: _____ Date: _____

The effective date of this Notice of Information Practices is _____.

Thank you.