

# NOTICE OF PRIVACY PRACTICES

It is our desire for our staff to use your name, address, e-mail and/or telephone number for the purpose of contacting you to advise you about health related meetings, workshops, and products. In addition this information may be used to remind you about scheduled appointments, re-evaluations or other appointment related issues.

There are several other circumstances in which we may have to use or disclose your health care information:

- To another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- Within our practice for quality control or other operational purposes.

The use of this information is intended to make your experience with our office more efficient, productive and to further enhance your access to quality health care.

It is the desire of this office to utilize any picture or written testimonial offered for the promotion of chiropractic and our office. We use these in the office in testimonial books as well as on open display boards for other clients and visitors to view. From time to time we utilize these in our office advertising as well.

If you choose not to authorize this use your decision will have no adverse effect on your care from this office or on your relationship with our staff.

**I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or have had the opportunity to read it if I so chose) and understood the Notice.**

Client Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client/parent or guardian

This authorization 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.