

**Inner Balance Chiropractic Health Information Privacy and Portability Act
(HIPPA)**

This summary discloses how health information about you may be used. A full notice of your privacy right has also been provided to you. Inner Balance Chiropractic uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check state laws), for administrative purposes and to evaluate the quality of care that you receive. Inner Balance Chiropractic will not disclose your information to others unless you tell us to do so or unless the law authorizes or requires us to do so.

Inner Balance Chiropractic may use your information to provide appointment reminders, information about treatment alternatives or other health related issues. Inner Balance Chiropractic may disclose your information for public health activities, to funeral directors, to enable them to carry out their activities, for organ and tissue donation, research, health and safety, governmental function in order to comply with workers compensation laws and regulations, a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting of your health records.

You may speak to the privacy officer Dr. Tate Gentile and to the department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. Inner Balance Chiropractic must maintain the privacy of protect health information, provide you with notice of its legal duties and privacy with respect of your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means of by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted by law.

If you have any questions or complaints please contact Inner Balance Chiropractic at 970-226-5545.

Patients Signature _____
Date _____