



HIPAA NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), commonly known as "HIPAA" is a Federal program that requires all medical records and other individually identifiable health information used or disclosed by us, in any form, whether electronically, on paper or orally, is kept properly confidential. The act gives you, the patient, significant rights and control over your health information. This notice describes certain obligations we have regarding ways in which we may use and disclose health information about you, it also outlines your rights to the health information we keep about you.

We understand that information about you and your health is personal and are committed to your privacy. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this office, whether made by your personal doctor, others working in the office, or associates processing billing and your insurance claims.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the Notice that is currently in effect.

A partial list of how we may use and disclose Health Information about you:

- For Treatment, payment, health care and business operations of this office.
- As required by Law, Law enforcement, lawsuits and disputes; protect public safety or assist apprehending criminals.
- Military or Veteran's and Workers Compensation.
- Public Health Risks; Coroners, health examiners and funeral directors.
- To government authorities to prevent child abuse or domestic violence; to avert a serious threat to health and safety
- National security and intelligence activities.
- Security Officials for Inmates:
- To government agencies for audits, investigations and other oversight activities.
- For certain limited research purposes.
- The practice maintains patient sign-in sheets that are visible and accessible to patients, staff and others who may enter this office.

As our patient, your rights regarding Health Information about you:

- Right to Inspect and copy.
- Right to Amend.
- Right to Request Restrictions.
- Right to Request Confidential Communication.
- Right to Accounting Disclosures.
- Right to a Paper copy of this Notice (full Notice is available upon request)

Changes to this Notice: We reserve the right to change this Notice. We will post a copy of a current notice in our facility with the current effective date on the first page.

Complaints: If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please contact the administrator at the location where you were treated to file a complaint.

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices:

I acknowledge that I was provided a copy of the Notice of Privacy Practices and have read (or had the opportunity to read if I chose) and understood the Notice. This notice is considered effective dates signed, and shall remain effective for a minimum of 6 years, unless otherwise revoked, in writing, by patient.

Unless you request otherwise, we may use or disclose health information to a family member or other personal representative to the extent necessary to help you with your healthcare or payment for your health care. In addition, we may use your confidential information to remind you of appointments, phone, email, postal service or other method requested by you.

Additional Disclosure Authority: In addition to the allowable disclosures described in the State of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to persons indicated as follows:

- Any member of my immediate family Spouse ONLY
- Other(s) as specified: _____



Pine Lake Chiropractic Clinic Massage Therapy and Financial Policy

Financial Policy:

Full payment is expected at the time of service. Payments accepted are cash, check or credit card.

If you have insurance, we will make a copy of your card and collect any co-pay or co-insurance that is due. As a courtesy, our office will contact your insurance company to obtain a benefit quote. If there is a balance after your insurance processes the claim, we will forward you a statement. Insurance coverage varies greatly, if you have questions, feel free to contact our office and we will do our best to assist you. Ultimately, you are responsible for any care that your insurance does not cover.

Please be aware that some insurance plans require pre-certification for care. Care will commence once approval has been obtained. Some insurance plans may also require a referral from your primary care physician. Please check with your insurance company to verify your coverage details.

Pine Lake Chiropractic Clinic also accepts Personal Injury Protection claims resulting from motor vehicle accidents and Workers Compensation claims to treat injured workers. Prior approval must be obtained with these cases before care can commence. You will also be required to complete an "Accident Form" in addition to the regular "Intake Forms"

Pine Lake Chiropractic is also a provider for Medicare. You will be required to read and sign the separate Medicare policy documentation.

Massage Policy:

Scheduling: Services are available by appointment only, hours are flexible.

Late Arrivals: Time extension will not be given and late arrivals will be responsible for full service fees.

Cancellation Policy: Although many times situations arise that are beyond our control we do require a 24-hour cancellation notice. The time scheduled is reserved especially for you. If a cancellation notice is given less than 24 hours in advance of appointment time, you will be responsible for the entire appointment amount of the session.

Gift Certificates: Gift certificates are available for purchase and make a great gift. They do, however, expire within one year of purchase and we cannot extend the expiration date. We apologize, but gift certificates cannot be replaced if lost.

Spa Etiquette: Massage Therapy is a place of quiet relaxation. Please be considerate of others and turn off cell phones and pagers when in our office. We love your children, but unfortunately our office cannot accommodate watching them during your appointment. Massages are available for children 17 years of age and under with written parental permission.

Gratuity: Although gratuity is not expected it is always greatly appreciated. You may give tips directly to your therapist or it may be held securely at our front desk.

By signing below, I agree to the following: "I have read and understand "HIPPA Notice of Privacy Practices", "Financial Policy" and "Massage Policy" I understand that health and accident insurance policies are an agreement between and insurance carrier and me. I authorize payment from my insurance carrier directly to this office and with the understanding that all monies be credited to my account upon receipt. I clearly understand and agree that all services rendered are charged directly to me and that I am personally responsible for payment. I also have read and will abide by the Massage Therapy Policy.

Patient Signature: _____ **Date:** _____

Consent to Treatment of Minors:

By my signature below, I hereby authorized Pine Lake Chiropractic Clinic, P.S. to administer massage, bodywork or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: _____ **Date:** _____