

MATS MATS CHIROPRACTIC CLINIC

NOTICE OF PRIVACY PRACTICE SUMMARY

This summary discloses how health information about you may be used. A full notice of your privacy rights is available to you upon request.

Mats Mats Chiropractic Clinic uses health information about you for treatment, to obtain payment for treatment with your authorization as required, for administrative purposes, and to evaluate the quality of care that you receive.

Mats Mats Chiropractic Clinic 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.

Mats Mats Chiropractic Clinic may disclose your information for public health activities, health and safety, governmental function in order to comply with workers compensations laws and regulations. You have 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 complain to the Privacy Officer of this clinic 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.

Mats Mats Chiropractic Clinic must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to 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 or by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

If you have any questions or complaints on how your records are maintained, please contact the Privacy Officer Mats Mats Chiropractic Clinic at 360-437-2596.

Patient Signature

Date

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