

Atlas Chiropractic

2811 McKinney Ave
Suite 240
Dallas, TX 75204
V: 214)999-1019
F: 214)999-1051

HIPAA

Notice of Privacy Policies and Practices

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Our Obligations

We are required by law to:

1. Make sure that the medical information we have about you is kept private, to the extent required by state and federal law.
2. Give you this notice explaining our legal duties and privacy practices with respect to medical information about you; and
3. Follow the terms of the version of this Notice that is currently in effect at the time we acquire medical information about you.

Your Rights Regarding Medical Information about You

Federal and state laws provide you with certain rights regarding the medical information we have about you. The following are a summary of those rights. *For a full description of any of the following please ask for a full copy of this Notice.*

- | | |
|--|--|
| A. Right to inspect and copy | E. Right to Request Confidential Communications. |
| B. Right to Amend | F. Right to be informed of Business Associates of the practice |
| C. Right to an Accounting of Disclosures | G. Right to a Paper Copy of This Notice |
| D. Right to Request Restrictions | |

Usage and Disclosure

The following describes reasons that we typically use and disclose medical information. They are intended to be generic descriptions only, and not a list of every instance in which we may use or disclose medical information. Please understand that the law does not require us to get your consent in order for us to release your medical information for these categories. *For a full description of any of the following please ask for a full copy of this Notice.*

- | | |
|-------------------------------|--------------------------------|
| A. For Treatment | L. Organ and Tissue Donation |
| B. For payment | M. Research |
| C. For Health care Operations | N. Military and Veterans |
| D. Quality Assurance | O. Worker's Compensation |
| E. Utilization Review | P. Public Health Risk |
| F. Peer Review | Q. Health Oversight Activities |

G. Treatment Alternatives

R. Legal Matters

H. Appointment Reminders and Health
Related benefits and Services

S. Law Enforcement

I. Individual Involved in Your Care or
Payment for your care

T. Coroners, Medical Examiners and Funeral Home Directors

J. As required by law

U. National Security and Intelligence Activities

K. To avert a Serious Threat to Health or
Safety

V. Inmates

Other Uses of Medical Information

There are times we may need or want to use or disclose your medical information other than for the reasons listed above, but to do so we will need your prior permission.

If you provide us permission to use or disclose medical information about you for such other purposes, you may revoke that permission in writing at any time.

If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Complaints

If you believe your privacy rights as described in this notice have been violated, you may file a complaint with the Practice at the following address and/or phone number:

*Atlas Chiropractic
Attn: HIPAA Officer
2811 McKinney Ave., Ste 240
Dallas, TX 75204
Phone: 214 - 999 - 1019
Fax: 214 - 999 - 1051*

The practice will not retaliate against any individual who files a complaint. If you do not want to file a complaint with the Practice, you may file one with the Secretary of the Department of Health and Human Services or on their websites at the following link:

<http://www.os.dhhs.gov/acr.privacyhowtofile.htm>

Changes to this Notice

We reserve the right to change this Notice at any time, along with our privacy policies and practices.

We reserve the right to make the revised or changes Notice effective for medical information we already have about you as well as any information we receive in the future.

We will post a copy of the current notice, along with an announcement that changes have been made, as applicable, in our office.

When changes have been made to the Notice, you may obtain a revised copy by sending a letter to the Practice's HIPAA Officer at the address listed on the Notice, or by asking the office receptionist for a current copy.

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I have reviewed and received a copy of this practice's Privacy Notice.

Patient's Signature

Date