

NOTICE OF PRIVACY PRACTICES

Glasgow Chiropractic respects your privacy and is committed to protecting your information. We are required by law to maintain the privacy of your protected health information, provide you with a notice of our legal duties and privacy practices with respect to protected health information, and notify you following a breach of unsecured protected health information. **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.**

Your protected health information (PHI) consists of any identifying information related to your medical record. Your PHI is shared with office staff in order to run our practice, with other healthcare providers who are involved with your care, and as required by federal and state law. **We will never share your PHI with anyone else without your authorization.**

You have the right to authorize us to share your PHI with anyone of your choosing; to do so, please complete our PHI Release Authorization form. You may also authorize us to share your PHI by a message through our Patient Portal or by giving verbal permission. You can revoke previous authorizations by mail, verbal communication, or a message through our Patient Portal. If you grant someone medical power of attorney, that person may act on your behalf regarding your PHI, as can your legal guardian. We will verify his or her authority before taking action. You also have the right to ask us to contact you in a specific way (e.g., an alternative phone number). We will agree to all reasonable requests. If in any event you are unable to tell us your preference, we may share your PHI as we deem fit.

You have the right to request restrictions on how we use and disclose your PHI, although we are not required to comply if the use in question is provided for by law.

Upon request, we will provide you with a copy or summary of your medical record or health information within 30 days and for a reasonable, cost-based fee.

Upon request, we will provide you with an accounting of previous disclosures of your PHI, excepting disclosures that were for the purpose of treatment or practice operations.

Upon request, we will consider making corrections to your medical record or health information, and will explain our decision to you in writing within 30 days.

Upon request, we will promptly provide you with a paper copy of this privacy notice.

If you feel your rights have been violated, please let us know by completing our complaint form so that we may rectify the situation. Our complaint form is available upon request. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you in any way for filing a complaint.

We are required to abide by the terms of this notice, which is effective as of 12/9/2016. We may change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. For further information regarding our privacy practices, please contact Robert Glasgow, D.C., at (804) 745-1605.

By signing below, you acknowledge that you have received and read this notice of our privacy practices.

Printed name of patient

Printed name of legal guardian (if patient is under 18)

Signature of patient (or legal guardian, if patient is under 18)

Date

Relationship to patient (if not self)