

BILLERICA CHIROPRACTIC OFFICE, P.C.

Privacy Policy

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In the course of your care as a patient at Billerica Chiropractic Office we may use or disclose personal and health related information about you in the following ways:

Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO a PPO or your employer, if they are or may be responsible for the payment of services provided to you.

Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your recent care or other health related information that may be of interest to you.

You have a right to request restrictions on our use of your protected health information for treatment, payment and operations purposes. Such requests are not automatic and require the agreement of this office.

Your name, address, telephone number, e-mail address and health records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have a right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations.

We are permitted and may be required to use or disclose your health information without your authorization in these following circumstances:

If we provide health care services to you in an emergency.

If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.

If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

If we are ordered by the courts or another appropriate agency.

You have a right to receive an accounting of any such disclosures made by this office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to review this information at an address other than your home or, if you would like the information in a specific form please advise us in writing as to your preferences.

BILLERICA CHIROPRACTIC OFFICE, P.C.
PATIENT AUTHORIZATION RELEASES

Authorization For Appointment Reminders and Scheduling Related Matters: It is our desire for our staff to use your name, address and/or telephone number for the purpose of contacting you to remind you about scheduled appointments, re-evaluations, or other appointment related issues.

The use of this information is intended to make your experience with our office more efficient and productive. If you choose not to authorize this information use, your decision will have no adverse effect on your care from Billerica Chiropractic office or on your relationship with our staff.

Your signature indicates your authorization of this activity.

Printed Name

Signature

Date

Authorization For Thank You Cards, Birthday Cards, Welcome Letters and Newsletters: It is our desire for our staff to use your name, address and/or telephone number for the purpose of contacting you to thank you for referring someone to our office; to send you birthday wishes; or to send you our newsletter.

The use of this information is intended to further enhance the quality of your experience with our office. If you choose not to authorize this information use, your decision will have no adverse effect on your care from Billerica Chiropractic Office or on your relationship with our staff.

Your signature indicates your authorization of this activity.

Printed Name

Signature

Date

Authorization For Contact Regarding Chiropractic Care, Related Health Services and/or Related Health Products: It is our desire for our staff to use your name, address and/or telephone number for the purpose of contacting you to advise you about health related meetings, workshops, and products.

The use of this information is intended to make your experience with our office more efficient, productive and to further enhance your access to quality health care. If you choose not to authorize this information use, your decision will have no adverse effect on your care from Billerica Chiropractic Office or on your relationship with our staff.

Your signature indicates your authorization of this activity.

Printed Name

Signature

Date

Any or all of the above authorizations may be revoked by you, at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our system to be completed.