

North Suburban Chiropractic and Acupuncture

Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA) and Informed Consent

This notice summarizes how health data about you may be used and shared and how you can get to this data.

How we may use and share health data about you:

- Treatment: To give you medical treatment or other types of health services.
- Payment: To bill you or a third party for payment for services provided to you.
- Health Care Operations: For our own operations such as quality control, compliance monitoring, audit, etc.

Disclosures where we do not have to give you a chance to agree or object:

- To you
- As required by federal, state, or local law
- If child abuse or neglect is suspected
- Public health risks (for public health activities to prevent and control spread of disease)
- Lawsuits and disputes (in response to a court or administrative order)
- Coroners, medical examiners and funeral directors
- Organ or tissue donation facilities if you are an organ donor
- To avert a threat to an individual or to public health safety

Disclosures where we have to give you a chance to agree or object:

- Patient directories: You can decide what health data, if any; you want to be listed in patient directories
- Person involved in your care or payment of your care: We may share your health data with a family member, a close friend, or other person that you have named as being involved with your health care.

Other uses of health data: Other uses not covered by this notice of the law that apply to us will be made only with your written consent.

You have the following rights relating to the health data we keep about you:

- Right to inspect your health record and to receive a copy of your health record upon request
- Right to amend information in your health record you believe is inaccurate or incomplete
- Right to ask for limits on the health information data we give out about you
- Right to receive communication from us about your health information in alternate ways
- Right to a paper copy of the complete notice of Privacy Practices

I acknowledge that I have received the NOTICE OF PRIVACY PRACTICES and Informed Consent of this practice.

Informed Consent

Chiropractic care, like all forms of health care, may also provide some level of risk. This level of risk is very minimal; yet, in rare cases, injury has been associated with chiropractic care. The types of complications that have been reported secondary to chiropractic care include sprain/strain injuries, irritation of a disc condition, and rarely, fractures.

There are reported cases of stroke associated with neck movements including adjustments of the upper and cervical spine. Current medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustment and the occurrence of stroke. Furthermore, the apparent association is noted very infrequently.

I hereby authorize the doctor to examine and treat my condition as he/she deems appropriate through the use of chiropractic health care and I give consent for these procedures to be performed. The doctor will not be held responsible for any pre-existing medically diagnosed condition nor for any medical diagnosis. I understand and accept that there are risks associated with chiropractic care and give consent to the examinations and to chiropractic care.

Signature or patient or representative

Date

Print patient name

Patient Date of Birth