



260 Fond du Lac Ave, Sheboygan WI 53081
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Authorization for Disclosure of Protected Health Information

This notice describes how chiropractic and medical information about you may be used and/or disclosed, your rights as a patient, and ways for you to get additional information on our policies.

Falls Chiropractic and its staff are very protective and respectful of your personal information. Under federal regulations, known as the HPAA* Privacy Act, we have adopted guidelines to ensure the proper use, confidentiality, and disclosure of your health information.

Your health information may be released and/or disclosed for:

Treatment purposes to another health care provider or clinic if we refer you, or to providers or staff within Falls Chiropractic that are taking part in your care.

Billing and Collection purposes to your insurance carrier/s or other financially responsible parties including but not limited to attorneys and claims adjusters for the purpose of obtaining payment.

Operational purposes within our office for quality control, office administration, record keeping, staff and provider training.

Falls Chiropractic may also use your personal health information to contact you regarding your appointments, to send you information about our office or office events, or to share treatment options. We will not disclose any information about you to anyone outside our office without your written approval.

You, as the patient, have the right to inspect or obtain a copy of the information we will use for these purposes. You have the right to amend your records at this office. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with the proper authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care. Requests to inspect, copy, or amend your health related information should be provided to the Falls Chiropractic staff in writing.

Falls Chiropractic customarily provides information about your health to you in person at the time you receive care from us. Occasionally, we will mail information to you regarding your health care or the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a different form, please advise the Falls Chiropractic staff in writing.

Information that is used and/or disclosed 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.

If you have a complaint regarding our privacy notice, our privacy practices, or any aspect of our privacy activities, you should direct your complaint in writing to Dr. Brett Egelseer, our Clinic Director.

If you would like further information about our privacy policies and practices, please see the "NOTICE OF PRIVACY PRACTICES" binder at our reception desk or ask a Falls Chiropractic staff member for a copy.

*HPAA: Health Insurance Portability and Accountability Act of 1996, which is U.S. legislation that sets data privacy and security provisions for safeguarding medical information, such as medical records and other identifiable health information.