We are required by state and federal law to maintain the privacy of your patient file and the protected health information therein.

We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

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.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to Heith A. Miller, DC at 276-706-8530.

This office utilizes an “open adjusting” environment for ongoing patient care. “Open adjusting” involves several patients being seen in the same adjusting area at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care AND this is not the environment used for taking patient histories, providing examinations or discussing financial matters. These procedures are completed in a private, confidential setting. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in an open environment other arrangements will be made for you. This office also keeps records in non-locked cabinets and sometimes x-ray files are seen in open areas.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as an “incidental disclosure” of health information. It is our view that the kinds of matters related in an “open adjusting” environment are incidental matters, in the event you or someone else would not agree with us, we are providing this disclosure.

This notice is effective as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

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Name (Printed Please) Signature Date

If you are a minor, or if you are being represented by another party

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Personal Representative Printed Personal Representative Signature Date

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Description of the authority to act on behalf of the patient