

Our Privacy Pledge

We are very concerned with protecting your privacy. While the law requires us to give you a copy of this disclosure, please understand that we have, and always will, respect the privacy of your health information.

There are several circumstances in which we may have to use or disclose your health care information.

- We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services.

We reserve the right to change our privacy practices as described in this notice. If we make a change to our privacy practices, we will notify you in writing when you come in for treatment or by mail. Please feel free to call us at any time for a copy of our privacy notices.

Your Right to Limit Uses of Disclosures

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use of disclosure of your health information, please let us know in writing. We are not required to agree to your restriction. However, if we agree with your restriction, the restriction is binding on us.

Your chiropractor and members of the practice staff may need to disclose your name, address, phone number, billing information and your clinical records to the Massachusetts Chiropractic Society (MCS). This disclosure will be made if we need the MCS's assistance because the party responsible for reimbursing your services has improperly processed your claim.

By signing this form you are giving us authorization to send the MCS this information. You are also giving the MCS authorization to re-disclose your information to the party responsible for the payment of your services, the MCS's legal counsel, and state or federal agencies that may be asked to intercede on your behalf.

You may restrict the individuals or organizations to which your health care information is released or revoke your authorization to us at any time; however, your revocation must be in writing and mailed to us at our office address. We will not be able to honor your revocation request if we have already released your health information before we received your request to revoke your authorization. You may inspect or copy the information that we may send to the MCS at any time.

Appointment Reminders and Health Care Information Authorization

Your chiropractor and members of the practice staff may need to use your name, address, e-mail address, phone number, and your clinical records to contact you with appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you. If this contact is made by phone and you are not at home, a message will be left on your answering machine. By signing this form, you are giving us authorization to contact you with these reminders and information.

You have the right to refuse to give us this authorization. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

This notice is effective as of your first date of service in this office. This authorization will expire seven years after the date on which you last received services from us.

Our Privacy Pledge

We have and always will respect your privacy. Other than the uses and disclosures we described above, **we will not sell or provide any of your health information to any outside marketing organization.**

Permitted Uses and Disclosures Without your Consent or Authorization

Under federal law, we are also permitted or required to disclose your health information without your consent or authorization in these following circumstances:

1. We are permitted to use or disclose your health information if we are providing health care services to you based on the orders of another health care provider.
2. We are permitted to use or disclose your health information if we provide health care services to you as an inmate.
3. We are permitted to use your health information if we provide health care services to you in an emergency.

You will be given a full explanation of procedures upon receiving your adjustments. Should you ever require more privacy to discuss a health issue, please make the doctor aware of your request.

You will be asked to sign a form stating that you acknowledge that you have read a copy of Dr. Lowey's *Notice of Privacy Practices for Protected Health Information*.