

## Notice of Privacy Practices

- ⓧ All of your medical records in our possession are controlled so that only your medical provider and essential office staff are allowed to see the contents of your records.
- ⓧ Your records will not be shared with anyone outside of this office except for the very rare occasions as mandated by law, including a court order, or in cases where the law mandates that we act to preserve life by breaking confidentiality, as in the case where we firmly believe that you might endanger the life of another or yourself.
- ⓧ We believe your medical records are YOUR medical records. You may request a copy of your records and we will make you a copy within 5 working days of your request. We may charge you a reasonable fee for this service. Your “records” include anything actually in your chart, but does not include incidental notes that doctors may make for their own use but which are never entered into the official chart notes. The HIPAA law allows doctors to refuse a request for records in extremely rare and unusual cases.
- ⓧ We will not confirm or deny that you are a patient of our office, even to your family members, unless you give us explicit permission to do so. Your right to seek medical care with complete confidentiality is a right we take seriously.
- ⓧ We take seriously our obligation to advance medical knowledge and to increase the skill of doctors of all types. Occasionally we will use cases from our clinic in teaching settings. We will NEVER use your case or the details of your case without first getting your written permission to do so. When we use a clinic case history we edit the history so that your name is never used, no details are divulged that would allow anyone to identify you personally, and, again, we will use your story only with your permission. We encourage you to consider allowing your case history to be used for teaching purposes, but the decision to do so is your and yours alone.

Mountain Spring Chiropractic Center, Inc. (MSCC) complies with all aspects of the federal HIPAA law, which stipulates your rights as a patient.

If you have any questions or concerns about our privacy policy, or your rights as a patient in our clinic, please bring them to us at your earliest convenience.

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I understand the above notice: \_\_\_\_\_ Date: \_\_\_\_\_