

DFC PRACTICE REQUIREMENTS

The Practice:

- A) Is required by Federal Law to maintain the privacy of you PHI and to provide you with this Privacy Notice detailing the Practice’s legal duties and privacy practices with respect to you PHI.
- B) Under the Privacy Rule, may be required by State Law to grant greater access or maintain greater restrictions on the use or release of you PHI than that which is provided for under Federal Law.
- C) Is required to abide by the terms of this Privacy Notice.
- D) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
- E) Will distribute revised Privacy Notice to you prior to implementation.
- F) Will not retaliate against you for filing a complaint.

EFFECTIVE DATE

This notice is in effect as of June 1, 2005

AUTHORIZATION TO SHARE INFORMATION

I authorize DOVER FAMILY CHIROPRACTIC to discuss my records with the following people: (Note: This includes but is not limited to appointment times, balances due, and collection procedures)

Treatment Payments _____

Treatment Payments _____

Treatment Payments _____

PATIENT ACKNOWLEDGEMENT

By subscribing my name below, I certify I have read and understand this Notice, and I fully agree to its terms.

Patient Signature: _____ Date: _____