

**CLINIC**  
**HIPAA PRIVACY NOTICE**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

*Dr. William R. Morgan* and staff of the Morgan Chiropractic, located at 3610 SE Federal Highway #4 Stuart, Florida 34997 are committed to maintaining the privacy of your health information. This document provides the details of how we handle your health information, and provides you the right to change the authorizations when you choose.

We have the right to amend, change, or revise this notice if our privacy practices change.  
Your health information will be used

- by the doctor to maintain a record of your health issues, evaluate, analyze and diagnose your condition.
- to submit bills and claims to your insurance company, provided that you have given us a signed authorization to release that information to the insurance company
- to provide other doctors and health care facilities with knowledge about you and your health issues, provided that you have given us a signed authorization identifying the specific doctor or health care facility that your health information is to be sent to

Your health information shall NEVER be given to anyone or any entity without

- your written consent OR
- a court order

You have the following rights:

- receive a copy of this notice within 48 hours of making a written request
- authorize the disclosure of your health information, specifying to whom it should be disclosed
- restrict in writing the uses and potential disclosures of your health information
- request and be given a copy of your health information
- specify how and in what format your health information should be transmitted, whether it is to yourself or to others
- amend your health information to make it more accurate or complete
- request and be provided a list of all disclosures of your health information for any reason other than care, treatment, insurance claims, payment, and/or health care operations
- complain to the Federal Department of Health and Human Services for any alleged violations of your privacy related to your health information and *Clinic*

Our obligations are to

- keep your health information secure and inaccessible from anyone and everyone that is not authorized to view and use it
- consistently update and upgrade our security protocols to keep your health information secure
- periodically train our staff in the security procedures that protect your health information
- provide your health information to you and/or those you designate in a written notice in the format that you request, provided that the format is available to us

I have received a copy of this Privacy Notice, and accept its terms and conditions as enumerated above.

Patient: \_\_\_\_\_ Patient or Legal Guardian:

Signature \_\_\_\_\_ Date: \_\_\_\_\_