

Centennial Chiropractic
Michael J. Moribaldi D.C.
4343 Shallowford Road B6
Marietta, GA 30062

CENTENNIAL CHIROPRACTIC

It is important to us that you agree with the way your privacy is being handled. Therefore, we want to define our efforts to accommodate you and provide the best possible treatment. Please authorize the following procedures:

In our clinic, often, we provide chiropractic care in an “open-door” adjusting environment. This approach involves the doctor moving from one patient care room to another, leaving the doors to the adjusting rooms open. As a result, patients are occasionally 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 need NOT be used for taking patient history, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting, at your request.

In order to help your family and friends support you in your recovery and educate them about our process, we would like you to have them join you when you come for treatment. The doctor is willing to have them come into the treatment room to observe the treatment. If you call before your appointment, we can do a brief Report of Findings with your spouse. We find that they can be more supportive when they have a better understanding of your findings.

This office strives to provide our patients with a supportive healing environment. This includes the positive peer support, which can only be achieved by interaction between our patients. Therefore, we like to introduce our patients to each other, on a first name basis. Occasionally, the doctor will ask you, beforehand, to tell another patient about your experience with us. This is done on an individual basis, and only when the doctor thinks that this will support another’s progress. At the time of request, you will be given the option to decline sharing this information.

We would like to post a thank you notice reflecting patients who refer other patients to our office. A brief thank you note may be posted on the board with your permission or a picture with your permission.

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL
INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU
CAN GET ACCESS TO THIS INFORMATION.
PLEASE READ CAREFULLY.

In the course of your care as a patient at Centennial Chiropractic we may use or disclose personal and health related information about you in the following ways:

- ❖ Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- ❖ Your health care records as well as your billing records may be disclosed to another party, such as your insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of services provided to you.
- ❖ Your name, address, phone number, e-mail address and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or health related information that may be of interest to you.

You have the right to request restrictions on our use of your protected health information for treatment, payment and operations purposes. Such requests are not automatic and require the agreement of this office.

If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have the right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations.

We are permitted and may be required to use or disclose your health information without your authorization in these following circumstances:

- ❖ If we provide health care services to you in an emergency.
- ❖ If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- ❖ If we are ordered by the courts or another appropriate agency.

You have a right to receive an accounting of any such disclosures made by this office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date.

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.

We normally provide information about your health care to you in person at the time you receive chiropractic care or about the status of your account. If you would like to receive this information at an address other than your home or if you would like the information in specific form please advise us in writing as to your preferences.

You have the right to inspect and/or copy your health information for as long as the information remains in our files. In addition you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

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

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:

Dr. M. J. Moribaldi 4343 Shallowford Rd. B6, Marietta, GA 30062

If you would like further information about our privacy policies and practices please contact:

Dr. M. J. Moribaldi 4343 Shallowford Rd. B6, Marietta, GA 30062

You also have a right to lodge a complaint with the Secretary of the Department of Health and Human Services. If you choose to lodge a complaint with this office or with the Secretary your care will continue and you will not be disadvantaged by this office or our staff in any manner whatsoever.

This notice is effective as of January 1, 2012. 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.

_____	_____	_____
Name (print)	Signature	Date

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

_____	_____	_____
Personal Representative (print)	Personal Representative Signature	Date

Description of the authority to act on behalf of the patient.

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