



Privacy Consent

Junge Family Chiropractic, LLC abbreviated JFC is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy practices of Protected Health Information (PHI) and to provide our patients with notice of our legal duties and privacy practices concerning their PHI. **PLEASE REVIEW IT CAREFULLY**

Chiropractic for the purpose of this notice is defined as all services and/or products and communication performed or issued by JFC. **Protected Health Information (PHI)** for the purpose of this notice is defined as any individually identifiable health information as defined by HIPPA that is created or received by JFC.

- JFC will take every means necessary to protect my PHI. This means that they will not engage in any electronic transaction, such as fax and email with others regarding my health information.
- JFC has the right to transfer any health records, via US mail, if the patient makes a written request.
- JFC may use and or disclose my PHI (which may include information about my health or condition and the treatment provided to me) in order to treat me and obtain payment for that treatment and as necessary for the practice to conduct its specific health care operations.

I understand, and consent to **JFC releasing necessary PHI for any purpose required by law** (state agency, court, coroner, etc.), to necessary JFC staff, to necessary friends family and/or other who are involved with your care or payment of a claim (based on professional judgment).

I understand, and consent to, the following **appointment reminders** in the form of a postcard mailed to my home address which I provided or by telephoning my number which I provided and leaving a message on the answering machine or the individual answering the telephone.

I understand, and consent to the following **office correspondence**

- Periodic mailing to the address I provided of general health information in the form of a newsletter.
- Letters and/or bills mailed to the address I provided with JFC on the return address.

I understand I have the right to request JFC to restrict how my PHI is used and/or disclosed to carry out treatment, payment or chiropractic/healthcare operations. This request will be stated in writing and signed in the presence of an office witness. However, the practice is not required to agree to any restrictions that I have requested. If the practice agrees to a requested restriction, then the restriction is binding on the practice.

Patient Rights

- You have the right to copy and/or inspect certain parts of the PHI that we maintain. Certain requests must be in writing and must be signed by you or your representative.
- You have the right to request that PHI we maintain be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration.
- You have the right to obtain a hard/paper copy of this form at your request.
- You have the right to file complaints if you feel your rights have been violated. File written complaints to JFC at 4164 18th Ave. NW Rochester, MN 55901 or the U.S. Department of Health and Human Services within 180 days of a violation of your rights.

Authorization: I have read and understand the above notice and all of my questions have been answered to my full satisfaction in a way I can understand.

Patient's Name Printed

Date

SIGNATURE (signature of guardian if minor)