

## **HIPAA PRIVACY NOTIFICATION & PRACTICE REQUIREMENTS**

### **Active Chiropractic Group (Office):**

- (a) Is required by federal law to maintain the privacy of your Personal Health Information (PHI) and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.
- (b) Under the Privacy Rule, (the office) may be required by State law to grant greater access or maintain greater restrictions on the use or release of your PHI than that which is provided for under federal law.
- (c) Is required to abide by the terms of the Privacy Notice.
- (d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- (e) Will distribute any revised Privacy Notice to you prior to implementation.
- (f) Will not retaliate against you for filing a complaint.
- (g) Will provide to you, for your convenience, the office's HIPPA Compliance book upon request.
- (h) Additionally, the Patient Rights & Responsibilities document explains the Office's responsibilities toward the patient and the patient's toward the office. Every patient will be given this document for review at their leisure.

### **EFFECTIVE DATE:**

This Notice is in effect as of 3/18/09

### **PATIENT ACKNOWLEDGEMENT:**

By subscribing my name below, I acknowledge having read the Notice; I understand it and agree to its terms.

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**Signature of Patient, Parent/Guardian or Responsible Party**

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**Date**

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### **FOR PRACTICE USE ONLY**

Practice Documentation of Good Faith Effort to Obtain Acknowledgment Patient's acknowledgment of the notice could not be obtained because:

- Patient refused to sign
- Communication barrier prohibited obtaining acknowledgment
- Emergency circumstances
- Other

Details:

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Signature of Practice

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Date