

Hands on Health Chiropractic and Wellness Center  
10192 E. Grand River Suite 107  
Brighton, MI 48116  
810-494-1900

### **Our Privacy Policy**

We are very concerned with protecting our patient's privacy. You must know that we have not nor ever will sell any of your information to outside companies. We have very strong regards to all of our patients and their privacy.

There are several instances where we may have to disclose your health care information:

- We may have to disclose your health information to another health care provider or hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services.
- We may need to use your health information within our practice for quality control or other operational use.

### **Your right to limit uses or disclosures**

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please advise our staff in writing. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restrictions are binding with our practice only.

We need your authorization also to:

- ✓ Call you to remind you of an appointment
- ✓ We may notify you if you missed an appointment
- ✓ We send our patients birthday cards and reminder cards
- ✓ We may need to contact you with test results
- ✓ We may need to contact you to see how you are feeling after a visit
- ✓ We may contact you to advise you of a special event that is happening in our office
- ✓ We send referral cards to our patients
- ✓ We may send a newsletter to our patients
- ✓ From time to time we take pictures of our patients and hang them in the waiting room

You have the right to refuse to give us this authorization. If you do not give us permission, it will not affect the treatment we provide to you. You may request a copy of the notice form from our staff. If there is something you do not understand, please ask the staff for assistance

This notice is effective January 1, 2010. This authorization will expire seven years after the date on which you received services from us.

Thank you very much for your cooperation.

### **Hands on Health Chiropractic Center**

Patient Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_