

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

- In my practice, I have always kept your health information secure and confidential. A new law requires me to continue maintaining your privacy, to give you this notice, and to follow the terms of this notice.
- I may use or disclose your health information for payment of services. For example I may send a report of your progress to your insurance company.
- I may use or disclose your health information for my normal healthcare operations. For example, one of my staff will enter your information into my computer.
- I may share your information with my business associates, such as a billing service. I have a written contract with each business associate that requires them to protect your privacy.
- I may use your information to contact you. For example I may send newsletters or other information. I may also want to call and remind you about your appointments. If you are not at home, I may leave this information on your answering machine or with the person who answers your telephone.
- In an emergency I may disclose your health information to a family member or another person responsible for your care.
- I may release some or all of your health information when required by law.
- If my practice is sold, your information will become the property of the new owner.
- Except as described above this practice will not use or disclose you health information with out your prior written authorization.
- You may request in writing that I not use or disclose your health information as described above. I will let you know if I can fulfill your request.
- You have the right to know of any uses or disclosures I make with your health information beyond the above normal uses. .
- Because I may need to contact you from time to time, I will use whatever address or telephone number you prefer.
- You have the right to transfer copies of your health information to another practitioner. I will mail your files for you.
- You have the right to see and receive a copy of your health information, with a few exceptions. Give me a written request regarding the information you want to see. If you also want a copy of your records, I may charge you a reasonable fee for copies.
- You have the right to request an amendment or change to your health information. Give me your request in writing. If you want to include a statement in your file, please give it to me in writing. I may or may not make the changes you request, but I will be happy to include your statement in your file. If I agree to an amendment or change, I will not remove or alter earlier documents, but will add new information.
- If I change any of the details of this notice, I will notify you of the change in writing.
- You may file a complaint with the Department of Health and Human Services, 200 Independence Ave SW, Room 509F, Washington DC 20201. You will not be retaliated against for filing a complaint.
- This notice goes into effect as of April 14, 2003.
- You have the right to receive a copy of this notice. If you would like a copy please initial here ____.

Acknowledgement

I have read and if requested, received a copy of Korin Rasmussen DC, LLC's Notice of Privacy Practices.

(Signed by)

(Date Signed)

(Print name)

(Patient name - if signing as a parent or guardian.)