

**Moore Chiropractic Clinic  
Dr. Casey P. Moore**

**Edina, MN 55435**

**NOTICE OF PRIVACY PRACTICES**

*For your protection.*

This notice describes how your personal information may be used and disclosed and how you can get access to this information, Please review this notice carefully.

You should know that we are required by law to provide you this notice about our legal duties and privacy practices. We hope that this notice will clarify our responsibilities to you with good understanding of your rights.

*Permitted handling of health information.*

**Treatment.** This means providing, coordinating, or managing health care and related services by one or more treatment providers.

**Payment.** This means any activity obtaining reimbursement for services, confirming coverage, and billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

**Health care operations.** This is the business aspect of running our practice, such as conducting quality assessment and improvement activities, auditing functions and customer service. An example would be an internal quality assessment review.

*Your Authorization.*

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying in your authorization.

*Your rights*

- ❖ The right to request restrictions on certain uses and disclosures of your protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- ❖ The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.
- ❖ The right to inspect and copy your protected health information.
- ❖ The right to amend your protected health information.
- ❖ The right to receive an accounting of disclosures of protected health information.

*Contact information.*

If you think your privacy rights have been violated by us, or disagree with a decision we made about access to your personal health information, you may contact:

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Ave. S.W.  
Washington DC 20201  
202-619-0257  
Toll Free: 1-877-696-6775

**I HAVE RECEIVED A COPY OF THE NOTICE ON PRIVACY PRACTICES, AND CONSENT TO THE DESCRIBED USES OF MY PROTECTED HEALTH INFORMATION.**

DATE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_