## **Notice of Privacy Practices for HIPAA Regulations**

This notice describes general office practices regarding confidentiality of your medical information.

## OFFICE PRACTICES:

- All information regarding patients, their treatments, diagnosis and appointments is kept strictly confidential within the confines of the practitioner and office assistants.
- There is no electronic transfer of your health data from this office.
- For treatment purposes, information will be provided to another practitioner only after your written consent is given.
- Discussion of treatment is confined to the consultation room or the treatment room, not in the presence of other patients.

## COMMUNICATION:

We may communicate with patients over the phone to schedule and confirm appointments. While the name "Deborah Maghen" or "Anderson Chiropractic" is given in messages, no reference to medical service is made. Occasionally, we may call to give instructions or to notify you that herbs or supplements are in the office.

If you prefer to be contacted only at your work, ho provide that number below.	me or other phone number, please
By signing below, I acknowledge that I have been Privacy Practices and have therefore been advised may be used and disclosed in this office, and how information.	of how health information about me
Signature of Patient or Personal Representative	
Print Name of Patient or Personal Representative	Date
Description of Personal Representative	_

<sup>\*</sup>Further information regarding our legal duties and your legal rights are available upon request