

O'Malley Chiropractic Health Center, LLC
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Wethersfield, CT 06109
Phone: 860.257.9400

**HIPAA
PRIVACY STATEMENT ACKNOWLEDGEMENT**

At O'Malley Chiropractic Health Center, LLC maintained our patient's trust and confidence is very important to us. That is why we have made it our priority to keep the information you provide us safe and confidential. Our employees are educated on the importance of maintaining the confidentiality of your health information.

Dr. Mark O'Malley and members of the practice staff may need to use your name, address, phone number, and clinical records to contact you with reminders, information about treatment alternatives, or other health related information that may be of interest to you. If this contact is made by phone and you are not home, a message will be left on your answering machine. By signing this form, you are giving authorization to contact you with these reminders and information.

You may restrict the individuals or organizations to which your health care information is released or you may revoke your authorization to us at any time; however, your revocation must be in writing and mailed to us at our office address. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your authorization. In addition, if you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

Information that we use or disclose based on the authorization you are giving us may be subjected to re-disclosure by anyone who has access to the reminder or other information and may no longer be protected by the federal privacy rules.

You have the right to refuse to give us this authorization. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

You may inspect or copy the information that we use to contact you to provide appointment reminders, information about treatment alternatives, or other health related information at any time.

This notice is effective as of **August 5, 2016**. This authorization will expire seven years after the date on which you last received services from us.

A copy of the Practice's Privacy Notice will be provided to you prior to signing this form. O'Malley Chiropractic Health Center, LLC explained to me that the Privacy Notice is available to me now, or in the future at my request.

I have read and understand the foregoing notice, and all of my questions have been answered to my full satisfaction in a way that I can understand. I authorize you to use or disclose my health information in the manner as described above.

Patient Name Printed

Date

Patient Signature

Authorized Provider Representative

Personal Representative Printed

Personal Representative Signature