04/11/03

Body of Light Family Chiropractic
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Notice of Privacy Practices

Health Insurance and Portability and Accountability Act

Body of Light Family Chiropractic (BOLFC) is dedicated to preserving your "Protected Health Information" (PHI). We are required by law to protect your health information and to provide you with a notice describing how your medical information may be used and disclosed and how you can access this information. This notice of Privacy Practices describes your rights and the duties of BOLFC in regards to your protected health information.

- BOLFC may use or disclose your PHI for the purpose of diagnosing or providing treatment, obtaining payment for health care bills or to conduct health care operations.
- We may be required by law to use and disclose your medical information for other purposes without your consent or authorization.
- Your PHI means health information, including your demographic information, collected by other health care providers, a health care clearinghouse, an employer, or us. This protected health information relates to your past, present, or future physical or mental health or condition and identifies you, or there is a reasonable basis to believe the information may identify you.
- You are provided the right to inspect and receive a copy of your medical information that we maintain, amending or correcting that information, obtaining and accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, request that we restrict certain uses and disclosures of your health information, and file a complaint of you believe your rights have been violated. All requests and complaints must be made in writing.
- We have available a detailed NOTICE OF PRIVACY PRACTICES (long form) which fully explains your rights and our obligation under the law. You have the right to receive a copy of our most current NOTICE in effect, please ask the front desk and we will provide you with a copy.
- We may revise our notice from time to time. The Effective Date at the top of the right hand side of this page indicates the date of the most current NOTICE in effect. If you have any questions, concerns or complaints about the NOTICE or your medical information, please contact our office at (541)687-7775.

The Practice may communicate confidential information about me to the following individual(s):

1. _____
2. _____
3. _____

Patient/Patient Representative:

_____ _____ _____/_____/_____
Print name Signature Date