

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

- You may ask to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- You may inspect and copy your medical information (we may charge you a reasonable fee)
- You may ask us to amend your medical information (we may deny this request: we will supply you with a written explanation for the denial).
- You may request a paper copy of the Notice of Privacy practices for Protected Health Information.
- You have the right to complain to us, as well as to the United States Department of Health and Human Services if you believe we have violated your privacy rights.

**THIS NOTICE IS EFFECTIVE AS OF 4/14/2003.**

### **REVISION OF NOTICE OF PRIVACY PRACTICES**

We reserve the right to change the terms of this notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this notice, we will post a revised notice at Villines Chiropractic, and will make paper copies of the revised Notice of Privacy Practices available upon request.

### **ACKNOWLEDGEMENT:**

I hereby acknowledge that I have received and had an opportunity to ask questions concerning Villines Chiropractic's Notice of Privacy Practices.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_