



Dr. Henry Jenkins, DC
Paradigm Chiropractic & Performance LLC
650 Pennsylvania Ave Ste 470 Washington, DC 20003
202-546-0981 (p) 202-747-7716 (f)

Notice of Privacy Practices Acknowledgement

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available to all patients.

USES AND DISCLOSERS OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and health care operations. For example:

TREATMENT: We may use or disclose your health information to a physician or other health care provider providing treatment to you as well as setting up an appointment for you. Your personal information may be used to send appointment reminders. Patients have the choice to receive reminders and will be held responsible for any appointments missed.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide you. Examples of how we use or disclose your health information for payment purpose are (not all listed) : asking about your health plans, preparing and sending bills or claims ; and collecting unpaid amounts (either ourselves or through a collection agency/attorney).

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations may include quality assessments and improvement activities along with any administrative and managerial functions needed to run our clinic. Examples of how we use and disclose your health information for health care operations are (not all listed): financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment, or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any personal or medical (fee may apply) purpose. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Such uses or disclosure are (not all listed):

- When a state federal law mandates that certain health information be reported for a specific purpose; for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal food and drug Administration regarding drugs or medical devices



Dr. Henry Jenkins, DC
Paradigm Chiropractic & Performance LLC
650 Pennsylvania Ave Ste 470 Washington, DC 20003
202-546-0981 (p) 202-747-7716 (f)

- Disclosures to government authorities about victims of suspected abuse, neglect or domestic violence
- Uses and disclosures for health oversight activities, such as to for licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of healthcare laws
- Disclosures for judicial and administrative proceedings
- Disclosures for law enforcement purposes
- Disclosure relating to worker's compensation programs

FOR MORE INFORMATION

If you want more information on our privacy practices, please ask to speak with the Office Manager before signing this form.

ACKNOWLEDGEMENT OF RECEIPT

Print Name

Signature of Patient

Date