

**Rossow Clinic Of Ocean Springs
2725 Bienville Blvd
Ocean Springs, MS 39564
Phone 228-872-7111 Fax 228-872-4060**

Notice of Privacy Practices

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

Uses and Disclosures

Treatment- Your health information may be used by staff members or disclosed to other health professionals for the purpose of evaluation your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment- Your health information may be used to seek payment from your health plan from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for services, the service provided, and the medical condition being treated.

Health Care Operations – Your health information may be used as necessary to support the day-to-day activities and management of Rossow Chiropractic Clinic. For example, information on the services you receive may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law Enforcement- Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting- Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Workers Compensation- We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or similar programs.

Other Uses and Disclosures that Require Your Authorization- Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

**Rossow Clinic Of Ocean Springs
2725 Bienville Blvd
Ocean Springs, MS 39564
Phone 228-872-7111 Fax 228-872-4060**

Additional Uses of Information

Appointment Reminders- Your health information may be used by our staff to send you appointment reminders.

Information about Treatment- Your health information may be used to send you information on treatment and management of your medical condition that you may find to be of interest. We may also send information describing other health-related goods and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

Rights to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next visit. The revised policies and practices will be applied to all protected health information that we maintain.

Request to Inspect Protected Health Information

As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by notifying the receptionist or contacting the privacy officer at the address below.

**Terri Roebuck, Privacy Officer
Rossow Chiropractic Clinic
2725 Bienville Boulevard
Ocean Springs, MS 39564**

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____ **Date of Birth** _____

Signature _____

Date _____