

# JAFFREY CHIROPRACTIC

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## PRIVACY NOTICE

This notice describes how Joshua J Hirsch D.C., (Jaffrey Chiropractic) may use and disclose your healthcare information and how you can obtain access to this information. Please review it carefully. Joshua J. Hirsch D.C. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health including demographic information, either created by Joshua J. Hirsch D.C., or received by Joshua J. Hirsch D.C. from other health care providers. Joshua J. Hirsch D.C. is required to provide you with notice of his legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Joshua J. Hirsch D.C. will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information. Joshua J. Hirsch D.C. reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that he maintains. Patients will be provided with a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice at any time.

### Uses and Disclosures of Your Protected Health Information Not Requiring Your Consent

Joshua J. Hirsch D.C. may use and disclose your protected health information without your written consent or authorization for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving or who at any time have received services for Chiropractic health care.

Treatment related communication may include:

1. Providing, coordinating, or managing any related services by one or more healthcare providers;
2. Consultation between healthcare providers concerning a patient;
3. Referrals to other providers for treatment;
4. Referrals to nursing homes, foster care homes, or home health agencies for services you receive.
5. In emergency situations this may include communication with your primary care physician and with relatives that you have designated as emergency contacts.

This information can be viewed at any time on the Jaffrey Chiropractic website: [www.jaffreychiropractic.com](http://www.jaffreychiropractic.com)

I give Joshua J. Hirsch D.C. and Jaffrey Chiropractic permission to communicate with me via electronic means, such as email, text or fax to confirm appointments or to communicate general care related information.

Your signature also serves as an authorization to Joshua J. Hirsch D.C. to request medical records that are relevant to your care in this office, from all your medical providers, hospitals, or health centers. Information that Dr. Hirsch may request, includes, but is not limited to: radiology reports and images, test results, medication lists, and treatment records.

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***I hereby acknowledge and accept the above stated rules regarding my protected health care information.***

Name (please print): \_\_\_\_\_

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