

## CLINIC POLICIES & PRIVACY NOTIFICATION

For HIPPA laws, we must let you know that we keep on file personal information such as:

- Your patient record, diagnostic information and intake discussion
- Your medical history, treatment notes, e-mails and phone conversations with practitioners
- Your financial transactions and purchases, with credit card numbers stored securely via an API validated card processing system.

Your Rights:

- Obtain an electronic or paper copy of medical records upon written request
- Ask to schedule appointments with practitioners who do not have assistants present during treatment.
- Obtain a list of anyone we have shared information with upon written request
- Receive a copy of this privacy notice
- File a complaint if you feel your rights are violated by sending a written complaint to the US Department of Health and Human Services Marketing

Disclosure of Information:

In order to maintain the level of service that you expect from our office, we may utilize limited information in the following ways:

- Use your contact information to contact you when necessary
- Discuss and share the minimum necessary health information for the training of staff, or educational benefit of assistants and students
- Use your contact and billing information to bill and receive payments
- We will share information about you if state or federal laws require it, or to comply with lawsuits or legal actions with signature release

Our Commitment to You:

- We will never sell your information for any reason.
- We will use your phone number or e-mail address only to contact you for business related issues.

- As a 501c3 teaching clinic, we may discuss your case and treatment for the educational benefit of assistants as our mission is to raise the bar of medicine in our field.
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Our responsibilities We are required by law to maintain the privacy and security of your protected personal health information. We will advise you if any privacy or other breach occurs that may have compromised the security of your information. We are legally required to share with you these privacy policies and request your signature confirming you have read and are aware of these policies. We will not share your information other than as described here without written consent.

Changes to the Terms of this Notice We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office or on our patient onboarding forms.

I understand I have the right to read and discuss the Privacy Policies of the Alternative Clinic before I sign this consent form regarding the use and disclosures of my protected health information. I have read, reviewed, understand and agree to the Notice of Privacy Policies  
Signature

Electronic signature completed through our hipaa compliant medical records system:

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