

Dr. Charles E. Richardson III, D.C.

7904 Foothill Boulevard

Sunland, CA 91040

Tel: (818) 455-5443 Fax (818) 230-0443

Email: DrRichardsonDC@FreeMySpine.com

TO ALL PATIENTS:

The Health Insurance Portability Accountability Act of 1996 (HIPAA) has issued new regulations for all health practitioners. We now must describe to each patient, in writing, how we use and share your private information, in any way beyond our usual confidential treatment, daily operations, and payment procedures.

PRIVACY POLICIES OF FREE MY SPINE HEALTH GROUP

1. FREE MY SPINE HEALTH GROUP may use your name and address to send you greeting cards or newsletters. We may also send a thank you card to the person who referred you to our office.
 2. When we release your x-rays to another office, at your request, or consult with another health practitioner such as radiologist, your name and date of birth will be shared with that office.
 3. Our office uses a private sign-in sheet in your private chart to log patient's arrival.
 4. Your insurance companies, or authorized legal representative, will be given information as needed to approve payment of your benefits, or settle a suit for payment for your treatment.
 5. All staff and associates of FREE MY SPINE HEALTH GROUP are in signed agreement as to the protection of your private information.
 6. Patients may have an authorized legal authority, which may act on behalf of the patient.
 7. Patients must list below anyone whom they permit to be in a treatment room with them. (applies to your own family members or persons who typically accompany you.)
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8. Our staff may verify, to a third party who names you specifically, as to your presence in our office.
 9. Patients may request an appointment to review their file with a staff member at any time.

I have read and understood the above.

Signed

Date