



Our Privacy Pledge

Slayton Chiropractic, Inc. is very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will respect the privacy of your health information.

Disclosures of Protected Health Information

There are several reasons for which Slayton Chiropractic, Inc. may have to use or disclose your PHI (Protected Health Information);

- We may have to disclose your PHI to another healthcare provider or hospital should we refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may have to disclose PHI and/or billing records to another party if they are potentially responsible for the payment of your services.
- We may need to use your PHI within our practice for quality control or other operational purposes.

Your right to limit uses or disclosures

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your PHI and/or revoke your authorizations or consent to us at any time, we respectfully request that you submit this information in writing.

In general, the HIPAA privacy rule gives individuals the right to request a restriction on use and disclosures of PHI. The individual is also provided the right to request confidential communications, such as reminders of appointment times, follow up of health care, insurance coverage/benefit issues, or any other information that only the patient will personally be able to answer.

I agree to Slayton Chiropractic, Inc. to leave message with **detailed information** on my home/cell **voice mail**.

OR

I agree to Slayton Chiropractic, Inc. to leave message with **call back number only** on my home/cell **voice mail**.

AND

I agree to Slayton Chiropractic, Inc. to mail **medical/billing information** to my **home address**.

Patient Signature

Date

Print Name

Date of Birth