

McCracken Chiropractic & Wellness Center

284 Central Way
Kirkland, WA 98033

Notice of Privacy Practices: This Notice of Privacy Practices describes how we may collect, use and disclose your personal information, and your rights regarding that information. Under the Health Insurance Portability and Accountability Act of 1996, health care providers must take measures to protect the privacy of your personal information. We are required by law to:

- Protect the privacy of personal information.
- Provide this Notice explaining our duties and privacy practices.
- Abide by the terms of this notice.

Ways We Protect Your Personal Information: We allow only McCracken Chiropractic & Wellness Center staff access to the records and use personal information only to the extent necessary to conduct the practice of healthcare services. We secure the building, patient charts and computer records each day after work. We train our staff on our written confidentiality policy and procedures and employees are subject to discipline if they violate them. We will protect your privacy even if you no longer are a patient here. We shred old documents prior to discarding them.

How We Collect Your Personal Information: We collect the information from you in our initial Patient Information and Health History forms. We may also collect information regarding previous chiropractic treatment and medical conditions from health care providers you have seen in the past.

How We Use Your Personal Information: We use your information to determine appropriate care during your treatment here. We use personal information we collect here (i.e., X-ray records, charting information) to determine what chiropractic treatment we will provide. We may share this information with other chiropractic specialists to help determine your treatment. We use Social Security numbers, birth date and employer information to identify you with health care insurance groups. We use phone numbers and addresses to communicate with you regarding appointments and billing for services. Unless you request us not to, we may discuss your information with immediate family, i.e., with a spouse, also we discuss dependent's treatment with parents. We may be ordered by the Court in some unusual situations to release information and do so if it is required.

Your Rights: You may inspect records we retain regarding personal information and amend them if you feel they are in error. You may request we restrict the sharing of your information except on a case-by-case basis. You may request we only contact you at specific locations, i.e. only at work. You may also request records; we may charge a reasonable fee for this service. You may ask questions regarding your Personal information here.

Patient acknowledgement of Privacy Practices: I have seen the Privacy Practices notice as required by HIPAA, have read it and been given the opportunity to ask questions.

Patient Signature: _____ Date: ___/___/_____