

**ADVANCED CHIROPRACTIC HEALTH CENTER**

140 Edmond Avenue  
Portsmouth, NH 03801  
(603) 436-0237

**PRIVACY POLICY**

Effective Date of policy: April 14, 2003

Protected health information (PHI) will only be released from our practice with a properly executed authorization from the patient or his/her personal representative, except for treatment, payment, or health care operations (TOP) and as otherwise required by law. Examples of some instances in which we are required to disclose your PHI include:

Public health activities; information regarding victims of abuse, neglect, or domestic violence; health oversight activities; judicial and administrative proceedings; law enforcement purposes; organ donation purposes; research purposes under certain circumstances; national security and intelligence; correctional institutions; and Worker's Compensation.

Advanced Chiropractic Health Center will only use or disclose PHI, except as noted above, consistent with the terms of the authorization.

A patient may revoke his/her authorization to use or disclose PHI at any time but actions taken prior to the revocation are excluded. If authorization is a condition or obtaining insurance coverage, and the authorization is revoked, the insurer may contest a claim under the policy.

The patient or his/her personal representative must properly execute authorizations. It should include: date signed, specific PHI to be released or used, to whom this use or release relates, and an expiration date for the authorization.

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY POLICY**

I have received a copy of this office's Privacy Policy.

I agree with all statements made in the privacy policy with any exceptions written below. I understand that, by signing this form, I am confirming my authorization for use and/or disclosure of the protected health information described in this policy with the people and/or organizations named in this form.

Name (printed): \_\_\_\_\_

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

*For Office Use Only*

We attempted to obtain written acknowledgement of receipt of our Privacy Policy, but the acknowledgement could not be obtained because:

- \_\_\_\_\_ Individual refused to sign
- \_\_\_\_\_ Communications barrier prohibited the acknowledgement
- \_\_\_\_\_ Other (please specify)