



NOTICE OF PRIVACY PRACTICES - SHORT FORM

OUR PRACTICE IS COMMITTED TO EDUCATING OUR PATIENTS ABOUT HEALTHCARE ISSUES THAT AFFECT THEM. AS A RESULT, WE ARE PROVIDING YOU WITH GENERAL INFORMATION ABOUT THE PRIVACY RULE, A FEDERAL REGULATION OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) ALONG WITH A BRIEF OVERVIEW OF OUR NOTICE OF PRIVACY. OUR PRACTICE IS COMPLYING WITH HIPAA'S REGULATIONS.

WHAT IS HIPAA AND HOW DOES THE PRIVACY RULE AFFECT YOU?

WHEN THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) WAS PASSED IN AUGUST OF 1996 THIS GAVE THE FEDERAL GOVERNMENT THE ABLITY TO MANDATE HOW HEALTHCARE PLANS, PROVIDERS, AND CLEARING HOUSES STORE AND SEND A PATIENT'S PERSONAL INFORMATION AS IT RELATES TO HEALTHCARE. THE PRIVACY RULE WAS CREATED TO PROTECT YOUR RIGHTS AS A PATIENT OF OUR PRACTICE AND WE ARE REQUIRED BY LAW TO BE COMPLIANT WITH THIS REGULATION ON APRIL 14, 2003. UNDER THE PRIVACY RULE YOU ARE GUARANTEED ACCESS OF YOUR MEDICAL RECORDS, ALLOWED CONTROL OVER HOW YOUR PROTECTED HEALTH INFORMATION IS USED AND DISCLOSED AND ALLOWED TO TAKE ACTION IF YOUR PRIVACY IS COMPROMISED BY FOLLOWING THE PRACTICE'S PARTY. OUR PRACTICE IS DEDICATED TO MAINTAINING THE PRIVACY OF YOUR PERSONAL INFORMATION.

WHAT IS INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI)?

ANY HEALTH INFORMATION YOU PROVIDE OUR PRACTICE, INCLUDING YOUR MAILING ADDRESS. INFORMATION THAT IS CREATED AND RETAINED BY OUR PRACTICE OR RECEIVED BY ANOTHER HEALTH CARE PROVIDER THAT RELATES TO TREATMENT, PAYMENT AND/OR THAT IDENTIFIES YOU AS AN INDIVIDUAL.

WHAT IS THE NOTICE OF PRIVACY PRACTICE?

OUR PRACTICE HAS AN OFFICIAL NOTICE OF PRIVACY PRACTICE POSTED IN OUR WAITING ROOM INFORMING OUR PATIENTS ABOUT THEIR RIGHTS SURROUNDING THE PROTECTION OF YOUR IIHI AND OUR OBLIGATIONS CONCERNING THE USE AND DISCLOSURE OF YOUR IIHI. THIS NOTICE APPLIES TO ALL RECORDS CREATED OR RETAINED BY OUR PRACTIC. WE CAN UPDATE OUR NOTICE OF PRIVACY PRACTICES AT ANY TIME. IT WILL BE POSTED IN OUR WAITING ROOM AND YOU CAN ASK FOR A COPY OF THE CURRENT NOTICE AT ANY TIME.

THE FOLLOWING CATEGORIES DESCRIBE THE DIFFERENT WAYS IN WHICH WE MAY USE AND DISCLOSE YOUR IIHI:

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|------------------------|--------------------------------------|--|
| TREATMENT | APPOINTMENT REMINDERS | RELEASE OF INFORMATION OF FAMILY/FRIENDS |
| PAYMENT | TREATMENT OPTIONS | DISCLOSURES REQUIRED BY LAW |
| HEALTH CARE OPERATIONS | HEALTH-RELATED BENEFITS AND SERVICES | |

THE FOLLOWING CATEGORIES DESCRIBE UNIQUES SITUATIONS IN WHICH WE MAY USE OR DISCLOSE YOUR IDENTIFIABLE HEALTH INFORMATION:

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|---------------------|-----------------------------|----------------------------------|-----------------------|
| PUBLIC HEALTH RISKS | HEALTH OVERSIGHT ACTIVITIES | LAWSUITS AND SIMILAR PROCEEDINGS | WORKER'S COMPENSATION |
| DECREASED PATIENTS | ORGAN AND TISSUE DONATION | SERIOUS THREATS TO HEALTH OR | LAW ENFORCEMENT |
| MILITARY | NATIONAL SECURITY INMATES | SAFETY | RESEARCH |

WHAT ARE YOUR RIGHTS CONCERNING YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI)?

YOU HAVE RIGHTS REGARDING THE IIHI THAT MAINTAIN ABOUT YOU IN OUR NOTICE OF PRIVACY YOU CAN VIEW THE POLICIES AND PROCEDURES YOU WILL NEED TO FOLLOW FOR THE AREA LISTED BELOW.

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| CONFIDENTIAL COMMUNICATIONS | ACCOUNTING OF DISCLOSURES |
| REQUESTING RESTRICTION | RIGHT TO A PAPER COPY OF THIS NOTICE |
| INSPECTION AND COPIES | RIGHT TO FILE A COMPLAINT |
| AMENDMENT | RIGHT TO PROVIDE AND AUTHORIZATION FOR OTHER USES AND DISCLOSURES |

DOUGLAS RAPID REHAB, PA
 4140 N.W. 12TH STREET
 LAUDERHILL, FL 33313
 TEL: 954.739.3331

RAPID REHABILITATION, INC.
 8910 MIRAMAR PARKWAY, SUITE 115
 MIRAMAR, FL 33025
 TEL: 954.443.8000

I HAVE READ THE SHORT NOTICE PROVIDED BY THE DOUGLAS CHIROPRACTIC PRACTIC AND HAVE BEEN INFORMED OF HOW TO OBTAIN MORE INFORMATION REGARDING OUR NOTICE OF PRIVACY.

SIGNATURE _____ PRINT NAME OF PATIENT _____