

IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists
14074 TRADE CENTER DRIVE SUITE 226 FISHERS, IN 46038
FISHERS 317-770-5775

DR. TODD A. MCDUGLE
ATTENDING SPECIALISTS

Privacy Notice

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

POLICY STATEMENT

IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists is committed to maintaining the privacy of your protected health information. (PHI), which includes information about your medical condition and the care and treatment you receive from IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

USE OF DISCLOSURE OF PHI

1. IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists may use and/or disclose your PHI for purposes related to your treatment, payment for your care, and health care operations of IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists. The following are examples of the types and uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.
 - (a). **Treatment** – In order to provide care to you, IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists will provide your PHI to those health care professionals, whether on IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists staff or not, directly involved in your treatments so that they may understand your medical condition and needs and provide advice and treatment (e.g., your physician.) For example, your physician may need to know how your condition is responding to the treatment provided by IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists .
 - (b). **Payment** In order to get paid for some or all of the health care provided by IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists, IN~ Chiropractic & Wellness, INC./ Indiana Scoliosis Specialists may provide your PHI, directly or through a billing service to appropriate third party payors, pursuant to their billing and payment requirements. For example, IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists may need to provide your health insurance carrier with information about health care services that you received from IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists, so that IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists can be properly reimbursed.
 - (c). **Health Care Operations** In order for IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists to operate in accordance with applicable law and insurance requirements and in order for IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists to provide quality and efficient care, it may be necessary for IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists to compile, use and/or disclose your PHI. For example, IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists may use your PHI in order to evaluate the performance of IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists personnel in providing care to you.

I acknowledge that I have been offered a complete set of IN~ Chiropractic & Wellness, Inc./ Indiana Scoliosis Specialists Privacy Notice.

Date: _____

Name of Individual (printed)

Signature of Individual

Signature of Parent/Guardian

Relationship