



SPRINGS CHIROPRACTIC

Dr. Randy Knoche, D.C.
Dr. Ryan Knoche, D.C.
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Rehabilitation Centers

THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Once you sign Springs Chiropractic's registration & consent form, we may use and disclose your medical information to treat you, to obtain payment, and to operate the practice.

Examples of uses and disclosures for treatment;

If a physician from our practice refers you for outside testing and needs to call that facility for test results, the staff may give your name and reason for testing to that facility.

A physician that you were referred to or from may call to discuss your Personal Health Information (PHI) with our physician.

Example of use and disclosure to obtain payment:

The practice's billing office may submit a claim form that contains your name, address, social security number, diagnoses and procedures performed in our office to your insurance company and discuss this information if necessary with their staff to procure payment of claim.

Examples of use and disclosure to operate the practice:

The practice physicians and staff may audit your medical records.

The practice staff may mail you information and billing statements.

The practice staff may leave messages asking for a return call to discuss medical or financial issues.

This practice may use or disclose your PHI with your written authorization. You may revoke authorization in writing.

This practice may use or disclose PHI for other purposes, and without your consent, if the law requires us to disclose this information to government authorities. Examples of such uses; suspected abuse and infectious diseases.

You have the following rights regarding your Protected Health Information, and the practice must act on your request within 60 days.

You may request a paper copy of this notice.

You may request that your information be amended (must be done in writing).

You may inspect and copy your own Protected Health Information.

You may request restrictions on use of certain PHI, but we are not required by law to agree to a restriction.

You may request information to be given to other individuals (must be in writing and signed and dated).

We are required by law to maintain the privacy of PHI. You may complain to the practice manager if you believe your rights have been violated. This must be in writing, or you may complain to the U.S. Department of Health and Human Services.

It is our responsibility to guard and maintain information about you and your health in a very private manner. This information will be disclosed within the practice on a "Need to Know" basis, and then kept confidential. We will comply with Federal, State, and local laws on "Confidentiality of Medical Information".

I, _____, consent to allow Springs Chiropractic to use and disclose PHI about me for the purpose of treatment, payment, and health care operations in accordance with the above described procedures of health information privacy protection. I further understand my rights under the law as also described above.

Signature of Patient (Parent or Guardian if patient is a minor)

Today's Date

North Office/Billing Address:

1802 Chapel Hills Dr., Suite E

Colorado Springs, CO 80920

Phone: 719-531-7188 Fax: 719-531-0880

South Office:

2620 Tenderfoot Hill Street, Suite 200

Colorado Springs, CO 80906

Phone: 719-527-6747 Fax: 719-579-9623