

Wells Family Chiropractic, PLLC

Notice of Privacy Practices

This notice describes how health information about you is stored, may be used, and or disclosed.

How We Store Your Information: Patient information and x-rays are stored here in the office on a secure server with no outside access. The hard copies of your file and X-Rays are stored here in our office. All storage is secure and meets or exceeds HIPPA requirements and regulations.

What We Do Not Do With Your Information: Information about your financial situation, medical conditions, and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about our patients to anyone who receives our services or otherwise. Know that any and all patient information is considered confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your care, billing to an insurance company or to provide you with health or services which may require communication between Wells Family Chiropractic and health care providers, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications and insurance.

No patient's information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will ever be used without patient's expressed written advance permission.

Please list anyone you give us permission to discuss your care and information with. This will be beneficial in an emergency situation.

Name: _____ Phone # _____ Relationship: _____
Name: _____ Phone # _____ Relationship: _____

Print Patient Name _____

Signature _____ Date _____

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