



14037 St. Francis Blvd. Ramsey, MN 55303

(763)422-1525

**Notice of Privacy Practices**

Effective Date: 3-12-07

Privacy Officer: Dr. Brian Schmitz

In order to be compliant with the new federal regulations, also know as HIPPA, we must inform you that we will not release any of your information including, but not limited to your name, address, or Social Security number to anyone except your insurance company or referring clinics without your written signature.

It is our policy to follow up on nonpayment of accounts. We will release your name, address, and other identifying information to conciliation court or other collection agencies.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of your protected health information. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of the notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a written copy of your most current privacy notice from the Privacy Officer.

This office has always recognized the importance of privacy; this new federal law formalizes that they have been followed routinely.

By law, consent is not required to discuss your medical treatment with your other doctors or healthcare providers. This allows for a prescription to be called or faxed, to a radiology facility for x-rays, CAT scan, MRI, other diagnostics, or treatments.

Additionally, no consent is required in the course of carrying out healthcare operations, such as quality assessment, or in communication with your insurance carrier for payment related issues, or for incidental uses such as announcing a name in the waiting room or the use of a sign in sheet.

Medical information about you may be released for research and public health uses, as long as you are not individually identified.

We may contact you to provide you with appointment reminders for treatment.

You have the right to review when and to whom your information was released.

You may suggest additional restrictions with regard to certain uses and disclosure, if you wish.

Should you believe that your privacy rights have been compromised, you may report the violation, without penalty to you, to this office or the Secretary of Health.

The law requires that you acknowledge receipt of this notice; this has been included on the signature release on the bottom of this form.

You have the right to inspect and copy your health information. In order to inspect and copy your health information, you must submit your request in writing to the office's Privacy Officer. If you request a copy of your health information, we may charge you a fee for the costs of retrieving, copying, and mailing your records, as well as other costs associated with you request.

I acknowledge that I have read and understand the above Notice of Privacy Practice.

**Informed Consent**

I hereby authorize Rum River Chiropractic to treat my condition as deemed appropriate. Chiropractic, as well as all other types of health care, is associated with potential risks in the delivery of treatment. Therefore, it is necessary to inform the patient of such risks prior to initiating care. While chiropractic care is remarkably safe, you need to be informed about the potential risks related to your care to allow you to be fully informed before consenting to treatment.

Soreness- Chiropractic adjustments and physical therapy procedures are sometimes accompanied by post treatment soreness. This is a normal and acceptable accompanying response to chiropractic care and physical therapy. While it is not generally dangerous, please advise your chiropractor if you experience soreness or discomfort.

Soft Tissue Injury- Occasionally chiropractic treatment may aggravate a disc injury, or cause other minor joint, ligament, tendon, or soft-tissue injury.

Rib Injury- Manual adjustments to the thoracic spine, in rare case, may cause rib injury or fracture. Treatment is performed carefully to minimize such risk.

Physical Therapy Burns- Heat generated by physical therapy modalities and hot packs may cause minor burns to skin. This is rare, but if it occurs, you should report it to your chiropractor and / or staff.

Stroke- Stroke is the most serious complication of chiropractic treatment. The most recent studies estimate that the incident of this type of stroke is 1 in every 5 million upper cervical adjustments. Tests are performed to rule out patients at risk.

Having carefully read the above, I hereby give my informed consent to have chiropractic treatment administered.

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