

NOTICE OF PRIVACY PRACTICES
OF BARRY S. WEINBERG, DC / A PLACE FOR HEALING

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN AT THE BOTTOM.

Effective: April 14, 2003

If you have any questions or requests, please contact us at (954) 848-4325.

A. We have a legal duty to protect health information about you.

B. We may use and disclose Protected Health Information (PHI) about you in the following circumstances:

1. We may use and disclose PHI about you to provide healthcare treatment to you.
2. We may use and disclose PHI about you to obtain payment for services.
3. We may use and disclose PHI about you for healthcare operations.
4. We may use and disclose PHI about you to a third party billing agent. They will use this information to bill the responsible insurance company and/or attorney and/or patient, whichever is applicable.
5. You can object to certain uses and disclosures.
6. We may contact you with information about treatment, services, products, or healthcare providers.
7. We may acknowledge you on our welcome and/or thank you board and/or testimonial book.
8. We will ask you to sign in each time you visit our office on a publically displayed sign-in sheet to have a signed record that you did in fact visit our office for treatment.

C. You have several rights regarding PHI about you:

1. You have right to request restrictions on uses and disclosures of PHI about you.
2. You have right to request different ways we communicate with you.
3. You have right to see and obtain a copy of PHI about you.
4. You have right to request an amendment of PHI about you.
5. You have right to a listing of disclosures we have made.
6. You have right to a copy of this Notice.

D. You may file a complaint with our office regarding our privacy practices.

E. This office utilizes an "open adjusting" environment for ongoing patient care. "Open adjusting" involves several patients being seen in the same adjusting room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and this NOT the environment used for taking patient histories, providing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in an open-adjusting environment, other arrangements will be made for you.

F. Effective date of this notice is April 14, 2003.

I have read and understand this notice on privacy practices from Barry S. Weinberg, DC / A Place for Healing.

Patient Name

Date