

Knoxville Chiropractic Clinic, P.C. Dr. Larry Formanek
115 E. Main Street
Knoxville, IA 50138
(641)842-3007

Notices of Privacy Practices
Abbreviated

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing:

**How medical information about
you may be used and disclosed
and how you can access this information**

We may use or disclose to others your medical information for the purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization. We are required to obtain your authorization for the sale of your protected health information and marketing that results in direct or indirect payment from a third party for the communication.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, notification of a breach of unsecured protected health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The Effective Date at the bottom of this page indicates the date of the most current Notice in effect.

You have a right to receive a copy of our most current Notice in effect. If you have not yet received a copy of our current Notice and you would like one, please ask at the front desk and we will provide you with a copy.

If you have questions, concerns or complaints about the Notice or your health information, please contact: Rebecca L. Darnell of our office at (641)842-3007.

**Signature of Patient or
Parent/Guardian of Minor Patient**

Date