

NOTICE OF PRIVACY PRACTICE SUMMARY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Noble Sports Chiropractic, P.S., in accordance with applicable federal and state law, is committed to maintaining the privacy of your protected health information (PHI). In other words, the private information about your health condition and the care and treatment you receive from the Practice. We will use and disclose elements of your PHI the following ways:

Treatment

Payment

Health care operations

When release is required by law, including judicial settings and to health oversight regulatory agencies and law enforcement

In emergency situations or to avert serious health/safety situations

To medical examiners, coroners or funeral directors to aid in identifying you or to help them in their duties

To organ, tissue and other donation organizations, upon or proximate to your death, if we have no indication on hand about your donation preferences

Special Cases:

Appointment reminders, treatment alternatives and other health related benefits and services

Office newsletter

Sponsor of your health plan

All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

Your Rights: You have the following rights concerning your PHI:

Restrictions: To request restricted access to all or part of your PHI. To do this, please make the request in writing. We are not required to grant your request

Confidential communications: To receive correspondence of confidential information by alternative means or location. To do this, please make a request in writing

Access: To inspect or receive copies of your PHI. To do this, please submit a request in writing

Amendments: To request changes be made to your PHI. To do this, please submit a request in writing

Accounting: To receive an accounting of the disclosures by us of your PHI in the six years prior to your request. To do this, please submit a request in writing

This notice: To get updates or re-issue of this notice, at your request

Complaints: To complain to your office or the U.S. Department of Health and Human Services if you feel your privacy rights have been violated. To register a complaint with us, please submit your request in writing. The law forbids us from taking retaliatory action against you if you complain

Our duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

Privacy contact: To obtain more information on, or have your questions about your rights answered, you may contact the Practice's Privacy Officer, Dr. Steven B. Noble at Noble Sports Chiropractic, P.S., 1111 W. Holly St. Suite F, Bellingham, WA 98225.

Effective date: This notice is in effect as of October 1, 2006. A complete copy of the Notice of Privacy Practice is available at the reception desk.

Patient acknowledgment: By subscribing my name below, I acknowledge receipt of a copy of this Notice, and my understanding and my agreement to its terms.

Please Print Name

Signature

Date