# HIPAA

Protected health information (PHI) will only be released from our practice with a properly executed authorization from the patient or his/her personal representative, except for treatment, payment, or health care operations (TPO) and as otherwise required by law. Examples of some instances in which we are required to disclose your PHI include:
Public health activities; information regarding victims of abuse, neglect, or domestic violence; health oversight activities; judicial and administrative proceedings; law enforcement purposes;
organ donation purposes; research purposes under certain circumstances; national security and intelligence; correctional institutions; and Worker's Compensation.

Holistic Health and Chiropractic of Frankfort will only use or disclose PHI, except as noted above, consistent with the terms of the authorization.

A patient may revoke his/her authorization to use or disclose PHI at any time but actions taken prior to the revocation are excluded. If authorization is a condition of obtaining insurance coverage, and the authorization is revoked, the insurer may contest a claim under the policy.

Authorizations must be properly executed by the patient or his personal representative. It should include the date signed, specific PHI to be released or used, to whom this use or release relates, and an expiration date for the authorization.

**Name of person(s) I authorize my health information to be disclosed to:**

Name _____Relationship_____

Name _____Relationship_____

Name _____Relationship_____

**I authorize Holistic Health and Chiropractic of Frankfort to use the following methods of contacting me:**

☐ Home phone ☐ Leave message (appointments, health info.)

☐ Work phone ☐ Email

☐ Cell phone ☐ Texting (Cell Phone *Carrier:* _____ )

☐ To receive mailings such as birthday post cards, information regarding wellness discussions and/or classes.

Patient Signature_____ Date_____

Signature_____ Date_____
*(Responsible party if under 18)*