

CHIROPRACTIC HEALTH CENTER OF BRISTOL, LLC

ChiroCare Accident and Injury Centers

David M. Spitz, DC*
* Board Eligible Chiropractic Neurology

Daniel S. Hersh, DC*

ToiTanisha Witherspoon, DC

FORM: NOTICE OF PRIVACY PRACTICE SUMMARY

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided to you.

Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check your state laws), for administrative purposes, and to evaluate the quality of care that you receive.

Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers will not disclose you information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers may disclose your information for public health activities, to funeral directors to enable them to carry out their activities, for organ and tissue donations, research, health and safety, governmental function in order to comply with workers compensation laws and regulations. a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting of you health records.

You may complain to the Privacy Officer Lynn Popielarczyk and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers must maintain the privacy of protected health information, provide your with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

If you have any questions of complaints please contact Lynn Popielarczyk at 860-583-4346

Patient Signature

Date

Chiropractic Center of Bristol
22 Pine Street, Suite 216
Bristol, CT 06010
860-583-4346

ChiroCare Hartford
105 Hungerford St.
Hartford, CT 06106
860-524-8955

FORM: Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by David M. Spitz, DC / Daniel S. Hersh, DC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of David M. Spitz, DC / Daniel S. Hersh, DC and any or all of their Associate Doctors of Chiropractic.

I understand that diagnosis or treatment of me by Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers is not required to agree to the restrictions that I may request. However, if David M. Spitz, DC / Daniel S. Hersh, DC agrees to a restriction that I request, the restriction is binding on David M. Spitz, DC / Daniel S. Hersh, DC and Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers

I have the right to revoke this consent, in writing, at any time, except to the extent that Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers or David M. Spitz, DC / Daniel S. Hersh, DC has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review David M. Spitz, DC / Daniel S. Hersh, DC's Notice of Privacy Practices prior to signing this document.

The Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers Notice of Privacy Practices has been provided to me.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the [Health Care Provider].

The Notice of Privacy Practices for Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers is also provided 22 Pine street, Suite 216 - CT - Bristol - 06010 and on the Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers web-site, www.backdoc.com.

This Notice of Privacy Practices also describes my rights and the duties of Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Centers with respect to my protected health information.

David M. Spitz, DC / Daniel S. Hersh, DC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices by accessing the Chiropractic Health Center of Bristol, LLC dba ChiroCare Accident and Injury Center's web site, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority

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