

HIPPA NOTICE OF PRIVACY PRACTICES

We are required to advise our patients on our privacy practices policy regarding your personal data and information and our duty to protect it.

As part of the patient record, this clinic is required to retain information for the purpose of consultation for treatment, recording subsequent treatments, and for use by third-party medical practitioners only, at the request of the patient, in writing.

Upon completion of the patient health record form, data protection and consent form, all paper files and information herein may be electronically scanned and stored on a computer file for as long as the patient remains a patient of the clinic and there after for a period of seven years. Alternatively, paper records will be retained for the same period of time.

All information provided will be treated as confidential, and will not be given to any other person/organization without written consent of the patient concerned.

Information will be held both manually and electronically in files accessible only by staff of the clinic who are directly involved in the data entry and processing of patient records, as well the therapists and practitioners providing treatment to you. If you feel your privacy has been violated, you may file a complaint to the HHS at HHS.gov.

I, the undersigned (or authorized guardian), acknowledge that I have received the data protection policy (above) and do hereby give consent to the practitioner/therapist to maintain records for the purpose outlined within the policy.

Signed _____ Dated: _____

If you would like us to contact you by email, text, or post with information about offers, goods, and services which we feel may be of interest to you, please indicate below. We will process your data in accordance with our data protection policy. You may withdraw this consent at any time by emailing us or informing reception. **Please note that as a courtesy we will automatically send you text and email confirmations and reminders of your appointments only.**

Tick any or all that may apply:

_____ I consent to receive emails.

_____ I consent to receive text messages (SMS).

_____ I consent to receive postal mail.

