

KANG CHIROPRACTIC CLINIC LLC

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Duluth, GA 30096

(770) 495-0014

HIPAA (Health Insurance Portability and Accountability Act) is a federal law that requires that we provide detailed notice of our privacy practices and polices. HIPAA requires that healthcare physicians disclose to laboratory and radiology services. Also, in certain situations as required by the law, your PHI may be disclosed to the CDC or the health department.

Billing: Billing insurance companies to receive payment for services rendered to our patients is a service to the patients. To carry out this service, we may use and disclose your PHI to your insurance health plans. For your information, this office utilizes both a paper and electronic claims systems.

We will do our best to maintain our patients' privacy and to protect the confidentiality of our patients' records. All employees are instructed not to discuss patients' information outside of the medical office. The access to our record room is restricted to staffs only, and our record room is locked after business hours. All our computers are accessed via passwords that are disclosed to only our employees.

We will ask that you fill out a form to help us identify how to communicate with you. You can advise us of the telephone numbers that we can contact you and leave message for you. Also, you can identify for us your relatives/friends that we can disclose your PHI to. Please help us maintain you PHI privacy by keeping this information up-to-date. Also, by signing an "authorization to release medical records", you automatically give us permission to release your records to another physician, insurance companies, lawyers, etc.

We will attempt to do our best to seek your consent prior to the release of your PHI/medical information. However, In the event of medical emergency, your PHI may be released without your consent at our physician's discretion.

Please direct any questions to Dr. Kang and/or our staff. Now, Please sign and date below indicating that you have reviewed and understand this notice.

Patient Signature

Date

Name Printed