

Patient Privacy Notice

Health Insurance Portability and Accountability Act (HIPPA)

Kirstin Ebaugh, DC is dedicated to preserving your personal health information. We are required by law to protect your personal medical information and to provide you with a notice describing how your medical information may be used and disclosed and how you can access this information.

As required by law, we must have your written consent before we use or disclose information for purposes of arranging for your health care, the payment for or reimbursement of the care that we provide to you and the related administrative activities supporting your treatment.

We may be required by law to use and disclose your medical information for other purposes without your consent or authorization. Such occasions would include, but may not be limited to domestic violence, abuse, or life-threatening conditions.

By law you have the right to inspect and receive a copy of your medical information that we maintain, amending or correcting that information, obtaining an accounting or disclosure of you medical information, requesting that we communicate with you confidentially, requesting that we restrict uses and disclosures of your health information, and registering a complaint if you feel your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations by law. We may revise our Notice from time to time.

You have the right to receive a copy of our most current Notice in effect. If you have not received a copy of our current Notice, please ask Dr. Ebaugh and you will be provided a copy.

If you have any questions, concerns or complaints about the Notice or your medical information, please contact us at 541.321.5700.

I have read and understand the above Privacy Notice and willingly give my consent by signing below.

Patient Signature

Date Signed

Please Print Name