



CANYON CLINIC

CHIROPRACTIC

Home of the PULSTAR

Welcome to our office! Our goal is to serve you with exceptionally friendly and prompt service, and provide the best family care available. In return, you will feel better and function better. It is our experience that our patients who follow these simple guidelines obtain the best results and greatest benefits to their health.

CONFIDENTIALITY

Our office complies with national standards to protect the privacy of your personal health information. We do not release your health information to anyone without your written consent.

APPOINTMENT SCHEDULING / MISSED APPOINTMENTS

The doctor(s) have designated a specific course of action to allow proper care. A personal appointment calendar has been designed for you to save time on each visit. If an appointment must be changed, 24 hours notice is appreciated. All missed appointments need to be made up later the same day or within 24 hours. If you do not follow your schedule of care, results may be less than satisfactory and can delay recovery.

FINANCIAL AGREEMENTS

It is your payment that allows us to continue providing high levels of professional care, maintain our facility, and pay our staff. If for any reason you cannot keep, or need to change your financial agreement, please inform us immediately to eliminate any misunderstandings. If you have the desire to receive care in our office, we will make every attempt to make affordable arrangements.

INSURANCE PARTICIPATION

We do not base your care plan on your insurance participation and neither should you. Our goal is to correct your problem in the shortest amount of time and in the most cost-effective manner.

REMEMBER

Healing takes time. Problems don't happen overnight, and treatments usually will not solve them overnight either. Also, some of our procedures can cause mild soreness and discomfort. This is a normal part of the recovery process and is temporary. If there is a concern or anything out of the ordinary, please inform the doctor.

REFERRALS

It is our goal to help the people of our community get rid of their pain and feel better through our hands on care and physical rehabilitation. **The only way we can help the people you care about is to tell them about us.** If there is someone you know that could benefit from care, please let them know about our facility.

I have read the office policies and will honor them:

Patient's Signature

Date

CONSUMER PRIVACY NOTICE

We are committed to protecting the privacy of your personal information. The purpose of this notice is to inform you of the types of personal information we obtain and how we protect that information.

What is person information?

We treat any information that is identifiable to you as your personal information, whether or not it may be otherwise available to the public. We collect personal information related to you:

- Health condition, including health care treatment and payment.
- Identity, such as your name, age, or address.

Why do we collect your personal information?

We collect personal information from you to help us:

- Determine the appropriate treatment for you
- Process insurance claims
- Provide case management services
- Provide quality improvement services

How do we collect your personal information?

We collect your personal information through you and your health care providers through insurance transactions, such as the submission for a claim for reimbursement or covered benefits.

To whom do we disclose your personal information?

We will not disclose your personal information unless we are allowed or required by law to make the disclosure, or if you give us permission.

Following are some examples of disclosures we may make as allowed or required by law:

- To your insurance company in connection with processing claims or verifying that you have coverage
- To healthcare providers that request your records and have a signed authorization from you
- To an insurance regulatory authority
- To respond to a legal request such as a subpoena

We will not disclose your personal information to any non-affiliated company for those companies marketing purposes.

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How do we protect your personal information?

We protect your personal information by:

- Treating all of your personal information that we collect as confidential
- Stating confidentiality policies and practices, as well as disciplinary measures for privacy violations, in our employee handbooks
- Restricting access to your personal information to only those employees who need to know your personal information in order to provide our services to you
- Disclosing only the personal information that is necessary for a service company to perform its function on your behalf, and only when the company agrees to protect and maintain the confidentiality of your personal information
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your personal information

Specific risks of disclosures:

- Due to the open nature of our office there is a risk of other patients hearing or having an awareness of your treatment
- We send out Birthday e-mails. If you would rather not have us send one to you, please sign here: _____
- Should you need to discuss personal information with the doctor, please make us aware of it and we will provide a private place for you to do so.

Revisions

We may amend this notice at any time and will inform you of changes as required by law.

Please inform us if you have any concerns regarding these policies.

Please sign below:

Signature Date

Witness Date
