

Holladay Physical Medicine

Privacy Policy

Bruce V. Gundersen DC FIANM

To comply to the HIPAA (Health Insurance Portability and Accountability) Act of 1996, our office wishes to inform all patients, third party payors and parties responsible for patient records and patient information of our policy on the confidential nature of patient records and the measures which we have taken to insure the sacred trust that exists between the patient and the doctor.

All patient information obtained at this clinic is strictly confidential. Personal and Medical information obtained is used for medical and collection purposes only. No part of a patient's record will be given to a third party without the consent of the patient, and even then, through the discretion of the doctor or the staff. Each patient must sign the Assignment of Benefits Form at his or her initial visit for the staff to release **any** information necessary for collection of the account. This includes, but is not limited to, diagnoses, pain levels, symptoms, social security numbers, addresses, phone numbers, patient(s) date of birth or age, previous treatment and medical history. We do feel that it is appropriate to disclose certain information to immediate family members for accounting and scheduling purposes. We do leave voice messages regarding patient appointments.

As the patient or guardian of the patient, I understand and acknowledge the above policy regarding the privacy of patient information and agree to be a patient at this facility.

I hereby authorize you to communicate any and all items of information in or regarding my file to the following individuals:

_____	_____
_____	_____
_____	_____
_____	_____

SIGN HERE Patient/Guardian Signature

Date