



Ash Chiropractic & Acupuncture Clinic

Ashraf A. Soomar-Kheraj, B.S., D.C.

Notice of Office's Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you can have any questions about this Notice please contact any staff member in our office.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out your treatment, collect payment for your care and manage the operations of this clinic. It also describes our policies concerning the use and disclosure of this information for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you, that relates to your past, present or future physical or mental health condition and related health care services.

We are required by federal law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. You may obtain revisions to our Notice of Privacy by calling our office and requesting one to be sent to you in the mail or asking for one at the time of your next appointment.

1. **Uses and Disclosures of Protected health information:**

Uses and Disclosures of Protected Health Information Based Upon Your Implied Consent.

By consenting to be treated in our office, you are also consenting to the use and disclosure of your protected health information by Ashraf Soomar-Kheraj, D.C., our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to bill for your services for health care.

Following are examples of the types of uses and disclosures of your protected health care information we will make, based on this implied consent.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary to another physician who may be treating you. Your protected health information may be provided to a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for services. This may include certain activities that your health insurance may undertake before it approves or pays for the health care services that Dr. Ashraf Soomar-Kheraj recommends for you.



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By signing this, I am acknowledging that I have been provided a copy of the Office's Privacy Practices

Date: _____

Signature: _____