

# *Complete Spinal Care and Rehab*

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## **Privacy Practices Statement**

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

### **PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION**

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and the state of Virginia. This includes issues relating to your treatment, payment and our chiropractic care operations. Your personal health information will never be otherwise given to anyone, even family members, without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our office and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

### **COLLECTING PROTECTED HEALTH INFORMATION**

We will only request personal information needed to provide our standard of quality chiropractic care, implement payment activities, conduct normal chiropractic operations, and comply with the law. This may include your name, address, telephone number(s), social security number, employment data, medical history, medical records, etc. while most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

### **DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We also need to release your health information to your insurance company and/or other third party payers for payment purposes. We will not use your information for marketing purposes without your written consent. We may use and/or disclose your information to communicate reminders about your appointments including voicemail messages, answering machines, and postcards.

We thank you for being a patient at our office. Please let us know if you have any questions concerning your privacy rights and the protection of your personal information.