

## Notice of Privacy Practices – Summary

Koester Chiropractic Clinic, Inc. uses health information about you for treatment, to obtain payment for treatment with your authorization as required for administrative purposes and to evaluate the quality of care that you receive.

Koester Chiropractic Clinic, Inc. will not disclose your information to others unless you tell us to do so, or unless the law authorizes us to do so.

Koester Chiropractic Clinic, Inc. may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

Koester Chiropractic Clinic, Inc. may disclose your information for public health activities to funeral directors to enable them to carry out their duties, for organ and tissue donations, research, health and safety, governmental function in order to comply with workers compensations laws and regulations, a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting for your health records.

You may complain to the Privacy Officer, Dr. Steven P. Koester, and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Koester Chiropractic Clinic, Inc. must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate which health information is used or disclose your health information for reasons other than those listed above and permitted by law.

If you have any questions or complaints, please contact Dr. Steven P. Koester at (515) 251-3240.

*Effective Date: May 1, 2006*

## Notice of Privacy Practices – Acknowledgement

We keep a record of the health care services we provide to you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Dr. Steven P. Koester.

*By my signature below I acknowledge receipt of the Notice of Privacy Practices.*

Patient or Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name if signed on behalf of patient: \_\_\_\_\_

**Koester Chiropractic Clinic, Inc.**  
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