

**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.**

**Right of access:** You may inspect and request a copy of certain health information we have about you. We have forms for such requests. These requests can be made in writing and must be directed to our office manager. We will provide a copy in a format you request if it is not readily producible. If not readily producible, we will provide it in a hardcopy format or other format that is mutually agreeable. If you are the recipient of electronic notice, you may obtain a paper copy upon request

We will charge a reasonable cost-based fee when asked to provide copies of your health information. Charges will include costs for copying at \$.50 per page, postage, and staff time at the rate of \$15 per hour. If you request a summary of your health information, we will provide it, charging staff time at the hourly rate shown above, If you have any questions about our fees for the services, please contact us using the contact information provided below.

**Right to amend:** If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. Such requests must be made in writing and must include a reason to support the request. Under some circumstances, we may deny such a request, but you are entitled to a written response within 60 days of our receipt of your written request.

**Right to request restrictions:** you may request that we restrict uses or disclosures of certain health information about you to carry our treatment, payment, or healthcare operations. We may not (and are not required to) agree to requested restrictions. We will not use or disclose any health information about you in violation or any restrictions that we agreed to other than providing emergency treatment.

**Confidential communications alternative means alternative locations:** You may ask to receive communications of health information by alternative means or at an alternative location. We will accommodate all reasonable requests. You must provide this type of request to us in writing and provide an alternative method of contact or alternative address. We will provide an estimate of the fee for this service in advance and ask that you provide information as to how payment will be handled.

**Accounting of disclosures:** You have the right to receive an accounting of disclosures we have made of health information about you for the seven years prior to the date that the accounting request did except for disclosures to carry out treatment, payment, healthcare operations, and certain other disclosures. The first such accounting we provide within any 12 month period will be without charge to you. We will charge a reasonable, cost-based fee for such subsequent requests for an accounting within a 12-month period. We will notify you in advance of this fee.

**Right to a paper copy of this notice:** You may have the right to a paper copy of this notice. You may ask us to give a copy of the notice at any time. Even if you have agreed to receive the notice electronically, you may still obtain a paper copy. To obtain a paper copy, ask any employee.

**Changes to this notice:** We reserve the right to change the terms of this notice into make the change notice provisions effective for all health information we have about you or create or receive in the future. We will promptly revise, post, and distribute a revised notice whenever there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in the notice.

**Complaints:** If you have any complaints about your privacy rights or how your health information has been used or disclosed you may file a complaint with us by contacting:

Veracity Soft Tissue and Spine  
1850 Rye Road East  
Bradenton FL 34212  
(941) 896-2175

You may also file a written complaint with the US Department of Health and Human Services by contacting:

The US Department of Health and Human Services  
200 Independence Ave., S.W., Washington D.C.. 20201  
Toll-free, 1-877-696-6775

The privacy of your health information is important to us. We will not retaliate against you in anyway if you choose to file a complaint.

**Acknowledgment of Receipt of Privacy Practices**

I, \_\_\_\_\_ have received a copy of Andrew Wengert D.C.'s notice of privacy practices.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date