

Bercier Family Chiropractic, PLLC

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

Bercier Family Chiropractic, PLLC is required by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

DISCLOSURE OF YOUR HEALTH CARE INFORMATION

TREATMENT: We may disclose your health care information to other health care professionals within our practice for the purpose of treatment, payment or health care operations.

PAYMENT: We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

WORKER'S COMPENSATION: We may disclose your health information as necessary to comply with State Worker's Compensation Laws.

EMERGENCIES: We may disclose your health information to notify or assist in notifying a family member or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Last Name _____ First Name _____

Date _____ Signature _____