



# ATKINSON FAMILY CHIROPRACTIC, P.C.

BRYAN C. ATKINSON, D.C.

2830 E. Brown rd. Suite A-2 Mesa, AZ 85213 (480) 324-1000  
*safe and natural treatment of neck and back pain, joint pain, headaches, compression trauma, and sleep disturbances*

**Providing Quality Service For Over 15 Years!**

## **PATIENT POLICIES**

### **SETTING APPOINTMENTS**

Due to the demands of Dr. Atkinson's schedule, **an appointment only policy has been established.** Dr. Atkinson values each patient's time; please inform the office when scheduling an appointment for a new injury or a need to consult with him on a particular health concern, so time can be properly allotted. In most cases emergency appointments can be made if you call the office or Dr. Atkinson's cell phone. Please note that Dr. Atkinson does not carry his cell phone on Sundays.

### **MISSED OR CHANGING APPOINTMENTS**

We have set up a specific course of care for you. A certain number of visits in a set amount of time is required for us to get the results we both desire. Thus, if you need to change the time of your appointment, plan to come in another time on the same day. If the same day is not possible, be sure to reschedule the appointment as soon as possible. **If you miss or cancel an appointment without two (2) hours notice, there will be a personal service charge.**

### **PROGRESS EVALUATIONS AND COMPARATIVE EXAMS**

During your course of care, **progress evaluations and comparative exams will take place.** The fee for these services should be paid according to the payment agreement made with our office.

### **PAYMENT OF BILLS**

Meeting your financial obligation is an important part of your treatment for two reasons. The first and most obvious is that when you meet your financial obligation to this office, Dr. Atkinson can meet his obligations and continue to provide you with quality care. The second reason is the direct correlation between treatment received and value of the treatment. Free treatment is looked at as little worth. Meeting your financial obligation gives you, the patient, an understanding of the value chiropractic care gives to your health.

**Our policy is that a patient not have a cash balance.** Insurance companies will be billed according to arrangements made. Any checks sent to your home by the insurance company should be brought or sent to our office within three days. Also, please send the attached insurance payment stub to indicate which services were paid.

If you do not have insurance, and need assistance in meeting your financial obligation for your treatment, ask Dr. Atkinson for the options/programs available to you.

### **UPSETS**

**Dr. Atkinson is here to serve you.** Please speak with the doctor about any upsetting matter. We see your comments as helping us to help you and others.

## Patient's Notice of Privacy Rights

As a patient of this practice, you have the right to privacy of your Personal Health Information, and to know that such information shall be properly and securely maintained by this practice, in accordance with our own policy and in compliance with the Health Information Accountability and Portability Act of 1996 (HIPAA). HIPAA was enacted to give you, the patient of a health care provider and covered under a health insurance claim, more control over your health information, to set boundaries on the use and release of health records, establish appropriate safeguards that health care providers and others must achieve to protect the privacy of Personal Health Information, and to hold violators accountable, with appropriate penalties for violation of a patient's right to privacy.

### AS A PATIENT OF THIS PRACTICE, YOU:

1. You are entitled to an individually delivered, written notification of your Privacy Rights at the time of your first visit to this practice's facility. The document you are reading is this notice.
2. You are entitled to see your medical records.
3. You are entitled to receive a copy of your medical records. (Forms are available upon request.)
4. You are entitled to make an amendment to your patient health information within those records. (Forms are available upon request.) As per allowance by HIPAA a charge may be incurred for this service.
5. While the doctor has a right to deny inclusion of amendments into a patient file, you have the right to disagree with the doctor's refusal of such inclusion of amendment to those records. (Forms are available upon request.) If the doctor disagrees, he shall supply you with written notification of such disagreement.
6. The doctor has a right to a rebuttal to the patient's disagreement. But any time a file is sent out of the office, a copy of that rebuttal must be included in the file.
7. You have the right to specify how access to your health information is restricted and from whom.
8. You have the right to indicate the method, phone numbers, addresses, and E-Mail addresses to which telephonic and written communications shall be sent to you.
9. All covered entities under HIPAA, such as this practice or other health care providers, or business associates such as billing companies or claims administrators, as are designated by the HIPAA Privacy Rule, and with whom this practice must work on your behalf from the standpoint of effective treatment or billing of medical services and administration of such services, shall be part of a "chain of trust" under applicable Business Associate Agreements whenever applicable with those parties. This means those parties are bound to maintain the same privacy and security of your health information, as are we.
10. No personal health information shall be given out to any entity not related to your treatment and billing of medical services rendered, without your written authorization, except as covered under applicable law. You have a right to receive upon request, an accounting of any disclosure of personal health information not made for treatment, reimbursement or administrative purposes as described above, or otherwise accepted by law.
11. You are entitled to this practice's best efforts to maintain the security of Personal Health Information on your behalf within and outside this office.
12. This practice shall provide Personal Health Information to required parties on the basis of the minimum necessary standard of release (releasing only that information necessary for those parties to provide treatment, reimbursement, or administrative services on your behalf), and so as to maintain the intent of HIPAA in establishing that standard.
13. You have the right to inquire of this office and gain correct and appropriate answers to any questions regarding your privacy rights at any time, during our normal business hours, consistent with those rights as covered by HIPAA.
14. You have the right contact the Department of Health and Human Services, Office of Civil Rights, which administrates HIPAA, with questions or to file a complaint toll free: 1-877-696-6775 or E-Mail: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)