

# **PRIVACY POLICY**

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations.

The HIPPA – Health Insurance Portability and Accountability Act – law requires us to disclose our Privacy Policy to you. Please take a few moments to read our disclosure and understand what we do with the information you provide us and how we keep it private and secure.

We collect certain personal information that is provided to us by you or is obtained by us with your authorization. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors or other people who are taking care of you. We may share medical information about you to your other health care providers to assist them in treating you with signed medical release forms.

As a general rule, we do not disclose personal information about patients or former patients to anyone. However, to the extent permitted by law and any applicable state Code of Professional Conduct, certain nonpublic information about you may be disclosed. For example, these permitted disclosures include providing information to staff and unrelated third parties who need to know information to provide service to you. In all situations, we stress the confidential nature of information being shared.

Except as otherwise described in this notice, we restrict access to nonpublic personal information about you to our staff and other parties who must use that information to provide you service. We also maintain safeguards to protect your personal information that comply with our professional standards.

The longer version of our policy is available upon request.

Thank you for allowing us to serve your health needs. We value your business and are committed to protecting your privacy. We hope you view our clinic as your most trusted advisor and we will work to continue earning your trust. Please do not hesitate to call us if you have any questions or if we can be of further service.

***Acknowledgment: I have received the Privacy Policy and have been provided opportunity to review it.***

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Signature

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Date

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Printed Name

*Altair Chiropractic*

452 Knik Goose Bay Road, Wasilla, AK 99654  
907-357-1818