Robert A. Leach, D.C., M.S.
Mississippi Delegate, American Chiropractic Association
Research Chairman, Mississippi Chiropractic Association
Fellow, International College of Chiropractors (FICC)
Certified Health Education Specialist (CHES)

Robert A. Leach, Jr., L.M.T.
Licensed Massage Therapist (LMT2002)

LEACH CHIROPRACTIC

Effective April 14, 2017

Notice of Privacy Practices (NPP) at Leach Chiropractic Clinic, Inc. 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:

Routine disclosures of your records here that do not require your prior authorization include routine billings to your insurance carrier, sending copies of your medical report to your primary care physician when applicable, quality assessment and improvement including self-audits we perform on our practice, such as evaluation of doctor and staff performance, and for business management purposes. You have a right to place restrictions on these possible disclosures. Other uses and disclosures will be made only with your written authorization.

1. ***You have a right to see and copy your medical record here***. In addition, you may request and offer amendments to your records (you may make new statements in your record that clarifies or corrects prior statements or records). You may see a list of non-routine disclosures (you may see to whom we have shown your records).
2. ***We are required by Federal Law to maintain the privacy of protected health information.*** In addition, you have a right to a copy of this notice of our privacy policies and practices.
3. ***You may complain to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated here.*** You may access the Office of Civil Rights, Department of Health and Human Services (which is administering the privacy rule) online at: www.hhs.gov/ocr/hipaa
4. ***You may file a complaint with our office***, or obtain further information regarding HIPAA compliance in our office, by sending an e-mail to rl@drleach.com or by regular mail to the address shown at the bottom of this page. You should forward this to the attention of "Amber" who is our in-house privacy officer. There will be no retribution for filing a complaint, as we strive to offer better services.

Patient's Signature_____ **Date**_____

Guardian's Signature_____ **Witness**_____

Excellence in Chiropractic...
214 Russell St., Box 80121,
Starkville, Ms 39759
Phone: (662) 323-2371

...Excellence in Health
Website: DrLeach.com
e-mail: RL@DrLeach.com
FAX: (662) 323-2382