



Advanced Chiropractic of Virginia

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!

Our commitment at Advanced Chiropractic of Virginia is to serve our customers with professionalism and caring, being sure at all times to protect the privacy and security of all protected health information.

During the course of serving your interests it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

- During care here, we may find it necessary to acquire a laboratory analysis
- For payment purposes, we may use the services of our billing service
- During health care operations, we may need a second opinion

At Advanced Chiropractic of Virginia, we are committed to obeying all Federal, State and local laws and regulations regarding Privacy Practices. If any uses or disclosures other than those listed above are needed, information will only be released with written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions or comments regarding your Protected Health Information, feel free to contact our Compliance Officer, Michelle Dion, at (703) 830-2100

I have read and understand the above Notice of Privacy Practices.

Signed _____

Date ____ / ____ / ____