

LaCombe Chiropractic & Wellness

Authorization Form Policy

Effective date of policy: _____

Health Insurance Portability and Accountability Act (HIPAA) will only be released from our practice with a properly executed authorization from the patient or his/her personal representative, except for treatment, payment, or health care operations (TPO) and as otherwise required by law. Examples of some instances in which we are required to disclose your HIPAA include:

Public health activities; information regarding victims of abuse, neglect, or domestic violence; health oversight activities; judicial and administrative proceedings; law enforcement purposes; organ donations purposes; research purposes under certain circumstances; national security and intelligence; correctional institutions; and Worker's Compensation.

LaCombe Chiropractic & Wellness will only use or disclose HIPAA, except as noted above, consistent with the terms of the authorization.

A patient may revoke his/her authorization to use or disclose HIPAA at any time but actions taken prior to the revocation are excluded. If authorization is a condition of obtaining insurance coverage, and the authorization is revoked, the insurer may contest a claim under the policy.

Authorizations must be properly executed by the patient or his personal representative. It should include, the date signed, specific HIPAA to be released or used, to whom this use or release relates, and an expiration date for the authorization.