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Jason C Schreck D.C.

HIPAA Privacy Practices

Health Insurance Portability and Accountability Act

We are required by law to maintain the privacy of your health records and billing information. We have provided individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

Your privacy is very important to us. In order to protect your privacy we have adopted precise privacy measures to insure that any and all information that you share with us is protected.

We collect non-public personal information about you from various sources to assist you in your health care. Some of those sources are as follows:

- Past and present personal medical history
- Addresses, phone numbers, and social security numbers
- Family history past and present
- Social history past and present

We release information that you share with us only upon your prior approval or as required by law. We maintain physical, electronic, and procedural safeguards that comply with federal and state law regulating the protection of your non-public personal information.

I have read and understand the above “HIPAA Privacy Practices” and signify that I have done so by signing below.

Patient's Printed Name

Patient's signature

Date signed
