

# HIPAA HAPPENINGS

The Chiropractic Office of Midtown Chiropractic.....

## **Patient Authorization regarding therapy care being provided in an “open-bay” adjusting environment**

It is the desire of this office to provide adjustments in an “open-bay” environment. An “open-bay” approach involves the patient receiving adjustments in an open area with other patients. As a result patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and is **NOT** the environment used for taking patient histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as an “incidental disclosures” of health information. It is our view that the kinds of matters related in an “open door” environment are incidental matters, in the event you or someone else would not agree with us we are providing this disclosure and requesting your authorization.

The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care. If you choose not to have an adjustment in an “open-bay” environment other arrangements will be made for you. Your decision will have no adverse effect on your care from Midtown Chiropractic or on your relationship with our staff.

Your signature indicates your authorization of this activity.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our procedures to be completed.

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