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PRIVACY NOTICE TO PATIENTS

**ORGANIZED HEALTH CARE MANAGEMENT (Christina Torres DC PC, Body
Care Therapeutic Massage Inc.)**

PRACTICE'S REQUIREMENTS

The Practice:

1. Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of the Practice's legal duties and privacy practices with respect to PHI.
2. Is required to abide by the terms of this Privacy Notice.
3. Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
4. Will not retaliate against you for making a complaint.
5. Must make a good faith effort to obtain from you an acknowledgement of receipt of this notice.
6. Will post this Privacy Notice on the practices' web site, if the practice maintains a web site.
7. Will provide this Privacy Notice to you by e-mail if you so request. However, you also have the right to obtain a paper copy of this Privacy Notice.

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the Practice's Privacy Notice that has an effective date, this notice is effective as of _____, 20____.

Name of Individual (Printed)

Signature of Individual