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**Doctor’s Notification to Patients of Relocation/**

**Transfer of their File to Another Office or Location**

Date

Patient

Patient Address

Dear (Patient):

I would like initially thank you for allowing me to provide you (and/or your family) with chiropractic services. It has been my privilege and pleasure to assist in improving the quality of patient’s health through chiropractic over the past years. However, I am writing to inform you that it has become necessary to make a significant change in my professional endeavors since I will be ….[retiring/becoming an employee/independent contractor with another office/closing current office and transferring file to another location/etc.] this change will become effective on . In connection with this professional change, I want to provide for a smooth transition of your patient file and on-going/perspective treatment through chiropractic. Important information relating to the transfer of your patient file is referenced below:

1. **Information and documentation to be transferred**

Unless advised otherwise by you, we intend to transfer the following information to the new location:

1. Your name;
2. Your current address;
3. Your current telephone number;
4. Your complete patient file existing at this office; including personal information and diagnostic results. Personal information includes such items as your date of birth, while diagnostic results include, but are not limited to, your x-ray films. Both your paper and electronic patient file will be transferred.

Any questions regarding the nature of confidential information which is currently available and subject to transfer can be directed to this office’s privacy officer referenced in section 4, below. Please keep in mind that there will/will not be any redisclosure of this information by doctors at the new business entity with/without your written permission. You have the right to prohibit or otherwise restrict any and all of the protected health care information from being released to the new business or redisclosed by that business.

Please keep in mind that your protected health care information may be utilized by the new business for accepted purposes; such as, but not limited to, assisting or otherwise facilitating in new or on-going chiropractic treatment, providing you with information with treatment alternatives and options available at the new business, and providing general health care information to you on the benefits and services available from the new business.

1. **Location of new business where documentation will be released**

Unless an objection is raised by you, the confidential information and patient file will be released to the new business location referenced below:

[appropriate employees and doctors at name of clinic, address, and telephone number.]

The privacy officer at this new business is:

In the event that an objection is raised, your confidential patient information and file will be maintained by me at the following location:

1. **Duration of maintaining patient file**

Your patient file will be maintained for a period of no less than seven (7) years from the date of treatment. In cases involving minors, confidential patient files will be maintained until the minor reaches the age of majority or seven (7) years has expired from the date of treatment, whichever is longer. Please keep in mind that insurers, law enforcement officials, and other authorized third parties may request access to any patient information through and including the time that such files are no longer in existence.

1. **Under the federal health care information act (HIPAA)**

You have the right to object to the transfer and release of such protected documentation. All objections or limitations/restrictions on the release of the information must be presented, in written form, to:

[doctor’s name, address, telephone number]

Please note that any objection must be made by written communication post marked no later than midnight on . If no objection or limitation/restriction is made by such time, the confidential documentation shall be transferred and your authorization for the release of such confidential information and patient file shall be assumed to have been provided to our office. Any questions you may have regarding this letter should be addressed to me at: (phone number).

I believe that you will be very impressed with the services of this new chiropractic office. Although I am recommending the transfer of your patient health care information to this new office, you are certainly free to choose another health care provider for your important chiropractic health care. I want to thank you again for allowing me the opportunity to care for your chiropractic health care needs and I wish you all the best in the future.

Sincerely,

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