

# Naturally Chiropractic Family Wellness Center, Inc. PS – Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Naturally Chiropractic Family Wellness Center, Inc., PS is required by a federal law called the Health Information Portability and Accountability Act, (HIPAA) of 1996, to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices with respect to your protected health information. Protected health information means any information that is identifiable to you as your personal information, including information on your health care, condition (past, present and future), and treatment, your name, age, address, phone number and social security number.

This notice takes effect April 14, 2003, and will remain in effect until we replace it.

## Use and Disclosures of Protected Health Information:

We use and disclose protected health information about you for your treatment, payment for your care, and our business operations. This information may be used by your doctor(s), our office staff, and others outside our office who are involved in your care, payment of these services, operations of your doctor's practice, and any other use required by law. The following are some examples of how we may use or disclose information about you:

- **Treatment**  
We may use and disclose your protected health information to provide, coordinate or manage your health care, and any related services. For example, your protected health information may be disclosed to a physician to whom you have been referred so that the physician may have the necessary information to diagnose and treat you.
- **Payment**  
Your protected health information may be used to obtain payment for your health care services. For example, your protected health information may be disclosed to your health benefits provider to obtain the approval and information necessary to receive payment for your services from that benefits provider.
- **Operations**  
Your protected health information may be disclosed or used to support the business activities of Naturally Chiropractic Family Wellness Center, Inc., Ps. These activities include, but are not limited to, employee review activities, staff training, licensing of the facility and staff, and conducting or arranging for other business activities. For example, we may use your protected health information to contact you regarding an appointment, we may call you by name in the reception room, we may use a sign-in sheet at the front desk where you will be asked to indicate your name.

## Other Uses and Disclosures of Protected Health Information:

- **Marketing**  
We may use your name, address and/or telephone number for the purpose of contacting you to advise you about health related meetings, workshops, and products or services that may be of interest to you. The use of this information is intended to make your experience with our office more efficient, productive and to further enhance your access to quality health care.
- **Incidental Disclosures**  
It is the practice of this office to provide chiropractic care in an "open adjusting" environment. "Open adjusting" involves several patients being seen in the same adjusting room at the same time. 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 adjusting" environment are incidental matters, in the event you or someone else would not agree with us, we are providing this disclosure.

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 and health information. If you choose not to be adjusted in an open-adjusting environment other arrangements will be made for you.

## We May Be Required By Law to Provide Your Information For Legal and/or Governmental Purposes:

- If required by law by state or federal agencies, including workers' compensation laws & authorities
- Public Health & Safety - to prevent a serious threat to your health & safety, that of the public, or to prevent or control disease
- Abuse or Neglect - either child abuse and/or neglect, and/or domestic violence
- Oversight agencies - such as those conducting audits, examinations, investigations or licensures
- Legal Proceedings - by order of a court or administrative agency, in response to a subpoena, discovery request or other lawful purposes
- Law Enforcement - in limited circumstances, i.e. : to identify a witness or missing person
- Deceased Person Information - to coroners, medical examiners, and funeral directors to carry out their duties
- Specialized Government Functions - national security and intelligence activities authorized by law, and as required by military authorities if you are a member of the armed services

We DO NOT and WILL NOT sell your non-public information to anyone. Any other uses or disclosures of your protected health information will only be made with your consent, authorization or opportunity to object, unless required by law.

**\*\*\*PLEASE TURN THE PAGE OVER TO COMPLETE YOUR REVIEW OF THIS INFORMATION AND TO ACKNOWLEDGE YOUR RECEIPT OF THIS INFORMATION.\*\*\***