

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 you 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.*****

Your Rights:

The following is a statement of your rights with respect to your protected health information:

- **Your have the right to inspect and copy your protected health information.**
However, you may not inspect or copy the following records: treatment notes, information compiled in reasonable anticipation or use in a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Your request for inspection and copy must be in writing. Record copying will be accepted at legal copying fees.
- **You have a right to request the restriction of your protected health information.**
You may ask us not to use or disclose your protected information for the purposes of treatment, payment or operations, or that your information not be disclosed to any of your friends or family members for notification purposes. Your request must be in writing and state the specific restriction and to whom it should be applied.

Your doctor is not required to agree with your restriction request, if the doctor feels it is in your best interest to use or disclose your information. You then have the right to choose another health care professional.

- **You have the right to request to receive confidential communication from us via an alternative means or location.**
- **You have the right to receive a paper copy of this notice from us, upon request.**
- **You may have the right to have your doctor amend your protected health information.**
If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal.
- **You have a right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and will inform you of any changes by mail. You then have the right to object or withdraw, as provided in this notice.

You may complain to us or to the Department of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not take any retaliatory action should you file a complaint against us.

Security Measures:

We restrict access to non-public information, with federally compliant physical, electronic, and procedural safeguards, to those who need to know that information at levels necessary to conduct our business.

By law, we cannot share your protected health information about care or condition with anyone, including your spouse, without written consent from you. However, we assume that we have permission to leave messages on your answering machine or voicemail, unless you request, in writing, that we do not.

We are required by law to maintain privacy of, and provide 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 to our privacy office in person or by phone.

Signature below is only an acknowledgement that you have received this Notice of Privacy Practices.

Printed Name: _____ Signature: _____ Date: _____