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## NOTICE OF PRIVACY PRACTICES

### I. Understanding Your Health Record/Information

Each time you visit a hospital, physician, acupuncturist, chiropractor, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- a) basis for planning your care and treatment
- b) means of communication among the many health professionals who contribute to your care
- c) legal document describing the care you received
- d) means by which you or a third-party payer can verify that services billed were actually provided
- e) a tool for educating health professionals
- f) a source of data for medical research
- g) a source of information for public health officials charged with improving the health of the nation
- h) a source of data for facility planning and marketing
- i) a tool with which I can assess and continually work to improve the care I render and the outcomes I achieve

Understanding what is in your record and how your health information is used helps you to:

- a) ensure its accuracy
- b) better understand who, what, when, where, and why others may access your health information
- c) make more informed decisions when authorizing disclosure to others

### II. Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- a) request a restriction on certain uses and disclosures of your information
- b) obtain a paper copy of this Notice of Privacy Practices upon request
- c) inspect and obtain a copy of your health record
- d) amend your health record under certain circumstances
- e) obtain an accounting of disclosures of your health information

- f) request communications of your health information by alternative means or at alternative locations
- g) revoke your authorization to use or disclose health information except to the extent that action has already been taken

### III. My Responsibility

I am required to:

- a) maintain the privacy of your health information
- b) provide you with a notice as to my legal duties and privacy practices with respect to information I collect and maintain about you
- c) abide by the terms of this notice
- d) notify you if I am unable to agree to a requested restriction
- e) accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

I reserve the right to change my practices and to make the new provisions effective for all protected health information I maintain. Should our information practices change, I will mail a revised notice to the address you supply to me.

I will not use or disclose your health information without your authorization, except as described in this notice.

### IV. For More Information or to Report a Problem

If have questions and would like additional information, ask your provider for clarification. If you believe your privacy rights have been violated, you can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. You can find the Office for Civil Rights for your state at: <http://www.hhs.gov/ocr/regmail.html>. There will be no retaliation for filing a complaint.

### V. Examples of Disclosures for Treatment, Payment and Health Operations

Needless-to-say, I will disclose your protected health information in communications with you. For example, I may use and disclose health information to contact you as a reminder that you have an appointment for treatment with me, or to tell you about or recommend possible treatment options or alternatives that might be of interest to you. I may use and disclose health information about you to tell you about health-related benefits or services that might be of interest to you. Other reasons to disclose your health information include the following.

- 1) I will use your health information for treatment.

I will use your health information to make decisions about the provision, coordination or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to

share your health information with another health care provider whom I need to consult with respect to your care. For example, a physician treating you for a condition or disease may need to know the results of your latest physician examination by this office. These are only examples of uses and disclosures of medical information for treatment purposes that may or may not be necessary in your case

2) I will use your health information for payment.

I may need to use or disclose information in your health record to obtain reimbursement from you, from your health-insurance carrier, or from another insurer for services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement. This information may also be used for billing, claims management and collection purposes, and related healthcare data processing through my system.

3) I will use your health information for regular clinic operations.

Your health records may be used in my business planning and development operations, including improvements in my methods of operation, and general administrative functions. I may also use the information in my overall compliance planning, healthcare review activities, and arranging for legal and auditing functions.

## VI. Examples of Instances in which Disclosure may be necessary or required by Law

1) Notification

I may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

2) Communication with family

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

3) Workers compensation

I may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

4) Public health

As required by law, I may disclose your health information to public health or legal

authorities charged with preventing or controlling disease, injury, or disability.

5) Correctional institution

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

6) Law enforcement

I may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

7) As required by law

I will disclose health information about you when required to do so by federal, state, or local law. For example, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated.

8) Suspicion of abuse or neglect

I will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect, or, if you are not a minor, if you are a victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized by law to disclose this and it is believed that disclosure is necessary to prevent serious harm to you or others.

9) To avert a serious threat to health or safety

I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone who we believe would be able to prevent the threat or harm from happening.

Except as indicated above, your health information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to information concerning mental-health treatment, drug and alcohol abuse, HIV/AIDS or sexually transmitted diseases that may be contained in your health records. I likewise will not disclose your health-record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization.