

## **NOTICE OF PRIVACY PRACTICE FOR PROTECTED HEALTH INFORMATION**

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USE AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION PLEASE READ IT CAREFULLY.**

**ACTION CHIROPRACTIC INC.** is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information.

**ACTION CHIROPRACTIC INC.** is required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice and will make paper copies of this Notice Of Privacy Practices for Protected Health Information upon request.

### **HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED**

- For treatment: We will use your medical information as part of rendering patient care. For example, your medical information may be used by the health care professional treating you, and by administrative personnel reviewing the quality and appropriateness of the care you receives. For example, the doctor may use your medical history to decide what treatment is best for you. Different personnel in our office may share information about you and disclose information to people who do not work in our office, such as phoning in scheduling lab work, ordering x-rays, and an MRI.
- For payment: We may use and disclose health information about you so that the treatment and services you receive at this office maybe billed to and payment maybe collected from you, and insurance company or a third party. For example, we may need to give your health plan information about a service you receive here so your health plan will pay us or reimburse you for the service. We may also tell your health information plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

- We may contact you to provide appointment reminders and or leave a message, either to a person or answering machine. Please notify us if you do not wish to be contacted for appointment reminders.
- We may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.
- We may disclose medical information we required by the United States Department of Health and Human Services as part of an investigation or determination with compliance of relevant laws.
- We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and or intervention.
- We may disclose your medical information to a health oversight agency for oversight activities authorize by law, including audits, investigations, licensure or disciplinary actions, administrative and or legal proceedings.
- We may disclose your medical information concerning the abuse, neglect, or violence in accordance with federal and state law.
- We may disclose your medical information in the course of certain judicial or administrative proceeding.
- We may disclose your medical information for law enforcement purposes or other specialized government functions.
- We may disclose your medical information to a coroner, medical examiner, or a funeral director.

- We may disclose your medical information if you are an organ donor, to an organ donation, and procurement organization.
- We may use or disclose your medical information for certain research purposes.
- We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or the public.
- We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.
- We may disclose your medical information to collection agencies.
- We may disclose your medical information about you to your family members or friends, based on professional judgment, if we feel you would not object. For example, we may inform the person who accompanied you to the office your condition and provide updates of your progress and prognosis, unless instructed otherwise. We may also allow family and friends to pick up medications and/or samples of medications for you.

**We will not use or disclose your medical information for any purpose without written authorization. Once given, you may revoke your authorization in writing at anytime.**

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

You have the following rights with respect to your medical information:

- The right to request restrictions on certain uses and disclosures of your medical information. We are not required to agree to your requested restrictions, but if we do, we will honor it.
- The right to receive communications from us in a confidential manner.
- The right to inspect and copy your medical information. The right is subject to certain specific exceptions, for example, if you have a balance on your account. You will be charged a fee for copies made on your record.
- The right to request an amendment to your medical information. If denied, we will provide you with a written explanation for the denial and information regarding further rights you would have at that point.
- The right to receive an accounting of the disclosures of your medical information made by ACTION CHIROPRACTIC INC. in the six years prior to your request (following April 2003), except for disclosures for treatment, payment or operational purposes, disclosures pursuant to an authorization and certain other specific disclosure types.
- The right to request a paper copy of this Notice of Privacy Practices for Protected Health Information.
- The right to complain to the provider and/or to the United States Department of Health and Human Services if you believe that the provider has violated your privacy rights.

**Compliance Officers**

If you choose to file a complaint, you will not be retaliated against in anyway.

**THIS NOTICE IS EFFECTIVE AS OF April 19, 2004**

I have read, understand and had an opportunity to ask questions concerning Notice of Privacy for Protected Health Information.

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Patient or Patient's Representative

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Date