



## **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 THIS CAREFULLY

**Treatment:** Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of chiropractic procedures will be available in your medical records to all health professionals who may provide treatment to you or who may be consulted by staff members.

**Payment:** Your health information may be used to seek payments from your health plan for services, confirming coverage, billing or collection activities and utilization review.

**Law Enforcement:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

**Public Health Reporting:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the public health department.

**Other Uses and Disclosure Require Your Authorization:** Other disclosure of your health information or for uses other than those listed above, requires your specific written authorization. If you change your mind after authorization, you may submit a written revocation of the authorization. However, your revocation will not affect or undo any use or disclosure that occurred before you notified us of your decision.

**Individual Rights:** You have certain rights under the privacy standards including:

- The right to request restrictions on the use and disclosure of your health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your health information
- The right to request an amendment or submit a correction request to your health information
- The right to receive and accounting of how and to whom your health information was disclosed
- The right to receive a printed copy of this notice

We are required to maintain the privacy of your health information and to provide you with this notice of privacy practices. We reserve the right to modify or amend our privacy policies and practices. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

- You may generally inspect or copy your health information. As permitted by federal regulations, we require that such request must be submitted in writing to our office.

*The effective date of this notice is July 16<sup>th</sup>, 2010*