

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

We have and always will respect your privacy. Other than the uses and disclosure described within this notice, we will not sell or provide any of your health information to any outside marketing organizations.

We normally provide information about your health to you in person at the time services are rendered. We may also mail you information regarding your health or about the status of your account. We will do our best to accommodate any reasonable request if you would like to receive information about your health or the services that we provide at a place other than your home or if you would like the information in a different form. To help us respond to your needs, please make any request in writing.

Information that we use or disclose may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

## **USES AND DISCLOSURES**

Here are some examples of how we might have to use or disclose your health care information:

- Your doctor or staff member may have to disclose your health information including all of your clinical records to another health care provider or hospital if it is necessary to refer you to them for diagnosis or treatment of your health condition.
- Our staff may have to disclose your examination and treatment records and your billing records to another party, such as an insurance carrier, a PPO, or your employer, if they are potentially responsible for the payment of your services.
- Your doctor or staff member may need to use your health information, examination and treatment records for quality control purposes to run our practice efficiently and effectively.
- Your doctor or staff member may need to use your name, address, phone number and clinical records to contact you to provide appointment reminders, alternative treatments, or other health related information that may be of interest to you. If you are not available to receive information, a message will be left on your voice mail.
- (You have the right to refuse to give us authorization to contact you to provide appointment reminders, alternative treatments or other health related information. If you do not give us authorization, it will not effect the treatment we provide you.)

## **OTHER PERMITTED USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION**

Under Federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:

- If we are providing health care services to you based on the orders of another health care provider.
- If we provide health care services to you as an inmate.
- If we provide health care services to you in an emergency.
- If we are required by law to treat you and were unable to obtain your consent after attempting to do so.
- If there are substantial barriers which prevent communication with you, but in our professional judgment we believe that you intent for us to provide care.

Other than the circumstances described in the examples above and on the Uses and Disclosure section of this notice, your health information will only be made available with your written authorization.

## **YOUR RIGHTS**

You have the right to inspect and/or copy your health information for seven years from the date the record was created or as long as the information remains in our files. We require your request to be in writing.

You have the right to request that we amend your health information for seven years from the date the record was created or as long as the information remains in our files. We require your request to be in writing accompanied by a reason to support the change you are requesting us to make.

You have the right to revoke your authorization to us at any time; however, your revocation must be in writing. There are two circumstances under which we will not be able to honor your revocation request:

- If we have already released your health information before we receive your request to revoke your authorization.
- If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

You have the right to request an accounting of the disclosures we have made of your health information for the last six years before the date of your request. The accounting will include all disclosures except those disclosures:

- Required for treatment, to obtain payment for services or to run our practice.
- Made to you or those involved in your care.
- Necessary to maintain a directory of the individuals in our facility.
- For national security or intelligence purposes, as required by law.

If there are health care providers, hospitals, employers, insurers or other individuals or organizations to whom you do not want us to disclose your health information, please let us know in writing, what individuals or organizations to whom you do not want us to disclose your health information. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding to us. If we do not agree to your restrictions, you may drop your request or you are free to seek care from another provider.

We are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information.

We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices. If we make a change to the terms of our privacy agreement, we will notify you in writing when you come in for treatment or by mail. If we make a change in our privacy terms, the change will apply for all of your health information in our files.

You may complain to us or to the Secretary for Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. While you may make an oral complaint at any time, written comments should be addressed to Dr. Edward Steel. If you have any questions or would like a hard copy for your files, please do not hesitate to ask.

Yours in Health,  
Steel Chiropractic Clinic