

Effective Date: October 1, 2004

## **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.**

*Dear Patient,*

*Federal law requires Chiropractic Care Clinic to make this Notice of Privacy Practices ("Notice") available to all persons and to make a good faith effort to obtain a signed document acknowledging patients' receipt of this Notice.*

*Thank you,*

*Chiropractic Care Clinic*

### **WHAT IS THE PURPOSE OF THIS NOTICE?**

The purpose of this Notice is to explain:

- How the clinic uses and releases your health information;
- Your rights concerning your health information; and
- The clinic's duties relating to our health information.

### **WHAT ARE THE CLINIC'S RESPONSIBILITIES TO YOU?**

Your health information is personal. The Clinic is required by law to protect the privacy of your health information and to provide you with notice of the Clinic's legal duties and privacy practices that relate to your health information.

### **WHEN IS THE NOTICE EFFECTIVE?**

This Notice is effective on the date shown at the top of this page. The Clinic reserves the right to change this Notice after the effective date and to make the revised Notice effective for all health information maintained by the Clinic (including existing health information as well as information the Clinic creates or receives in the future).

### **WHEN DO WE USE AND RELEASE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION?**

The following paragraphs explain some of the situations in which the Clinic is permitted to use and release your health information without your express written authorization:

#### **Treatment Purposes**

The clinic may use and share your health information with other health care providers who are or will be involved in your treatment. Examples of these health care providers include: doctors, nurses, therapists, and laboratories.

#### **Payment Purposes**

The Clinic may use and share your health information in certain situations to obtain payment, or reimbursement, for the medical services, nutrition, or supplies provided to you.

### **Appointment Reminders**

The Clinic may use your health information to remind you of scheduled appointments, recommended services, treatment alternatives, and other health-related benefits and services that may be of interest to you.

### **Worker's Compensation**

The Clinic may disclose your health information as necessary to comply with State Worker's Compensation Laws.

### **Emergencies**

The Clinic may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency.

### **As Required By Law**

The Clinic may share your information with a federal, state, or local government agency or authority to the extent authorized or required by law. For example, the Clinic may be required by a court of law to share health information with the court pursuant to a court order.

### **Public Health Activities**

The Clinic may share your health information with a federal, state, or local public health authority to carry out public health activities.

### **Abuse, Neglect, or Domestic Violence**

The Clinic may share your health information with a federal, state, or local agency or authority to report a patient reasonably believed to be a victim of abuse, neglect, or domestic violence.

### **Health Oversight Agencies**

The Clinic may share your health information with a federal, state, or local agency to assist such agencies with health oversight activities.

### **Judicial and Administrative Proceedings**

The Clinic may share your health information to comply with an order of a court or administrative tribunal. For example, the Clinic may release your information to a court of law if the Clinic receives an order from the court requiring the release of information.

### **Law Enforcement Activities**

The Clinic may share your health information with a federal, state, or local law enforcement officer or agency for certain law enforcement purposes. For example, the Clinic may share certain limited health information with a state police office in order to identify or locate a suspect, material witness, or missing person.

### **To Avoid a Serious Threat To Health or Safety**

The Clinic may use and share your health information with a federal, state, or local government agency or authority to help avoid a serious threat to health or safety.

### **Specialized Government Functions**

The Clinic may use and share your health information with a federal, state, or local government agency or authority for certain military and Veterans activities, certain national security and intelligence activities, and certain protective and correctional purposes.

### **Change of Ownership**

In the event that Chiropractic Care Clinic is sold or merged with another organization, your health information/records will become the property of the new owner.

### **WHEN IS YOUR WRITTEN AUTHORIZATION REQUIRED BEFORE THE CLINIC MAY USE OR SHARE YOUR HEALTH INFORMATION?**

Except for the situations listed above, the Clinic is required to obtain your prior written authorization before using or releasing your health information. If you authorize the Clinic to use or release your information, you may cancel, or revoke that authorization in writing at any time.

### **WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION?**

The Clinic wants you to know that you have the following rights relating to your health information that is obtained or maintained by the Clinic:

#### **Right to Receive this Notice of Privacy Practice**

You have the right to receive a paper copy of this Notice at any time

#### **Right to Request Confidential Communications**

You have the right to ask the Clinic to communicate your health information to you in different ways or places.

#### **Right to Request Restrictions**

You have the right to request restrictions or limitations on how the Clinic uses or releases your health information in certain situations. The Clinic may not agree to your request.

#### **Right to Access**

With a few exceptions, you have the right to review and receive a copy of your health information that is obtained or maintained by the Clinic. Some situations when you do not have the right to review or copy your health information include (1) when the information has been compiled in reasonable anticipation of a civil, criminal, or administrative action or proceeding; or (2) any information your provider feels you would commit serious harm to you or to others. The clinic may charge you a fee to copy or mail your health information. If the Clinic denies you access to your health information, the Clinic will give you a written reason for the denial and information regarding how you can file an appeal if you are not satisfied with the Clinic's initial decision to deny you access to your health information.

#### **Right to Amend**

You have the right to ask the Clinic to amend your health information if your information is inaccurate or incomplete. The Clinic may deny your request if, among other reasons: (1) the Clinic did not create the health information at issue; (2) the Clinic does not maintain the health information at issue; (3) you are not allowed to access the information; or (4) the information is accurate and complete.

**Right to a List of Information Releases**

You have the right to request and receive a list or accounting of the situations when the Clinic has released your health information. The Clinic is not required to identify every information released in the list. If you request a record of releases more frequently than once per year, the clinic may charge a fee for providing the list.

**PRIVACY OFFICER CONTACT INFORMATION**

If you have any questions about this Notice, wish to obtain any form to exercise a right described in this Notice, or wish to file a complaint, please contact the Clinics Privacy Officer at:

Attn: Privacy Officer  
Chiropractic Care Clinic  
2924 Hawkins Drive  
Searcy, AR 72143  
501-268-2273

***YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS NOTICE.***

\_\_\_\_\_  
***SIGNATURE***

\_\_\_\_\_  
***DATE***