

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In the course of your care as a patient at Wildwood Chiropractic Center, our staff may use or disclose your personal health related information in the following ways:

Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis or treatment.

Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer (if they are responsible for the payment of your services).

Your name, address, phone number and health care records may be used to contact you regarding appointment reminders, to provide information about alternatives to your present care, or discuss other health related information. If you are not home to receive an appointment reminder we may leave a message.

We may call you by name in the waiting room and ask you to put your name on a sign-in sheet.

We may recommend health related products or complementary alternative treatments that may be of interest to you.

We must notify you if we intend to participate in any clinic fundraising activities and provide you with a means to opt out.

Your health information will be used only as needed to support the business activities of our clinic which could include but are not limited to quality assessments, and training of staff and chiropractic students. Our staff will not access your health information unless necessary do their jobs.

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

- If required under federal, state or local law
- 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 in an emergency situation.
- If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- If there are barriers to communicating with you, but in our professional judgment we believe you intend for us to provide care.
- If we are ordered by courts or another appropriate agency.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other permitted uses and disclosures will be made only with your consent. Without your authorization we may not sell your protected health information or use it for marketing purposes.

YOUR RIGHTS

- You have the right to inspect or copy your protected health information from us for seven years from the date the record was created or for as long as the information remains in our files.
- You have the right to request a restriction of your protected health information, including that provided to family members and friends. We are not, however, required to honor that restriction. **If you have paid "out of Pocket" for services in full and in advance and you request that we not disclose this information to a health plan, we will honor your request**, except when we are required by law to make a disclosure.
- You have the right to reasonable requests to receive confidential information by alternative means or at alternative locations. Please advise us in writing of your preferences.
- You have the right to request an amendment to your personal health information although we may in some cases deny the request
- You have the right to receive an accounting of disclosures of your health information
- You have the right to receive notice if there has been a breach of your unsecured health information
- You have a right to receive a paper copy of this statement

Requests to inspect, copy, amend or request restrictions of information should be in writing.

In addition to the above, you have the right to complain to us or the Secretary of Health and Human Services if you feel your rights have been violated. You may file a complaint with us by notifying our HIPAA compliance officer, Barbara Napoli, at 651-779-4263. We will not retaliate against you for filing a complaint. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions regarding this form please speak with our compliance officer. Please sign the accompanying acknowledgement form that states that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.