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. You have the right to obtain a paper copy of this notice upon request.

PATIENT HEALTH INFORMATION: Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment and related medical information.

HOW WE USE YOUR PATIENT HEALTH INFORMATION: We use health information about you for treatment, to obtain payment, and for health care operations including administrative purposes and evaluation of the quality of the care that you receive. Under some circumstances, we may be required to use or disclose the information without your permission.

EXAMPLE OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS: Treatment: We will use and disclose your health information to provide you with medical treatment and services. We may disclose the information to other health care providers who are participating in your treatment and family members who are helping with your care. Payment: We may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan. Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to assess the care and outcomes of your case and others like it.

SPECIAL USES: We may use your information to contact you with appointment reminders. We may do this by way of an answering machine or one who answers your telephone.

OTHER DISCLOSURES AND USES: We may use and disclose identifiable health information about your for other reasons, even without your permission. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes: Required by Law: We may be required by law to report gunshot wounds, suspected abuse or neglect or similar injuries and events. Research: We may use or disclose information for approved medical/chiropractic research. Health Oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities. Judicial and Administrative Proceedings: We may disclose information in response to an appropriate subpoena or court order. Law Enforcement Purposes: Subject to certain restrictions, we may disclose information required by law enforcement officials. Death: We may report information regarding deaths to coroners, medical examiners, funeral directorsand organ donation programs. Serious Threat to Health or Safety: We may sue and disclose information when necessary to prevent a serious threat to your health and safety or the or the health and safety of the public or another person. Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes. Workers Compensation: we may release information about you for worker's compensation or similar programs providing benefits for work related injuries or illness.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

INDIVIDUAL RIGHTS:
You have the following rights with regard to your health information. Please contact the contact person listed below to obtain the appropriate form for exercising these rights. Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but, if we agree, we must abide by those restrictions. Confidential Communications: You may ask us to communicate with you confidentially by, for example by sending notices to a special address or not using postcards or phone/voice mail to remind you of appointments and results. Inspect and obtain copies: In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies. Amend Information: If you believe hat information in your record is incorrect, or, if important information is missing, you have the right to request that we correct the existing information or add the missing information. Accounting of Disclosure: You may request a list of institutes where we have disclosed health information about you for reasons other than treatment, payment, or healthcare operations.

COMPLAINTS:. If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filling a complaint.

CONTACT PERSON: If you have any questions, requests, or complaints, please contact: Life Chiropractic of Olney.

I, _____ hereby acknowledge receipt on the Notice of Privacy Practice given to me. (Signed): _____
Date: _____

If not signed, reason why acknowledgement was not obtained: _____

Staff Witness seeking acknowledgement: _____ Date: _____