

Lexington Family Chiropractic Center, P.A.

Privacy Official: Dominique Roberts (336)243-5433 Mon-Fri

HIPAA 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.

If you have any questions about this notice, please contact privacy officer.

Our Obligations

We are required by law to:

- *Maintain the privacy of protected health information
- *Give you this notice of our legal duties and privacy practices regarding health information about you.
- *Follow the terms of our notice that is currently in effect

How We May Use And Disclose Health Information

Described as follows are the ways we may use and disclose health information that identifies you ("Health Information"). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice's privacy officer.

Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

Payment. We may use and disclose Health Information so that we or others may bill and receive payment for you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.

Health Care Operations. We may use and disclose Health Information for health care operation purposes. Members of this office or any other offices who have a relationship with you may use and share information in your health record to assess the care and outcomes in your case and others like it. This information will be used in an effort to improve the quality and effectiveness of the healthcare and service we provide.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services. We may use and disclose Health Information to contact you and to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. We may disclose information to researchers when an institutional review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information has approved their research. No copies of information or the removal of Health Information will be permitted.

Special Situations

As Required By Law. We will disclose Health Information when required to do so by international, federal, state, and local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may disclose Health Information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health . As required by law, we may disclose Health Information to public health or legal authorities charged with tracking birth and deaths, as well as with preventing or controlling disease, injury, or disability.

Law Enforcement. We may disclose Health Information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Coroners, Medical Examiners, and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Correctional Institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof Health Information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

Your Rights

You have the following rights regarding Health Information we have about you.

Unless otherwise required by law your health record is the physical property of the healthcare practitioner or facility that compiled it, and the information belongs to you. You have the right to request a restriction on certain uses and disclosures, except those requiring emergency treatment, of your information, and request amendments to your health record in writing to this office. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect, and obtain a copy of your health record, all which must be requested in writing. Obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or in private areas, revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Changes To This Notice

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the back page at the bottom.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our above-mentioned privacy official at our office located at 215 W. U.S. Hwy 64, Suite 1, Lexington, NC 27295 or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the privacy officer. All complaints must be made in writing. ***You will NOT be penalized for filing a complaint.***

EFFECTIVE DATE: APRIL 14, 2003

I ACKNOWLEDGE I HAVE READ THE ABOVE NOTICE OF PRIVACY PRACTICES.

SIGNATURE _____ DATE _____