

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION WITH MARKETING PROVISION

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.

Uses and Disclosures

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

- 1) Your chiropractor or a staff member may have to disclose your health information, including all of your clinical records, to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment or treatment of your health condition.
- 2) Our insurance and billing staff may have to disclose your examination and treatment records and your billing records to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are potentially responsible for the payment of your services.
- 3) Your chiropractor and members of the staff may need to use your health information, examination and treatment records and your billing records for quality control purposes or for other administrative purposes to efficiently and effectively run our practices.
- 4) Your chiropractor and members of the practice staff may need to use your name, address, phone number, and your clinical records to contact you at home, at work, or on a mobile telephone, to provide appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you. If you are not at home or at work to receive an appointment reminder, a message will be left on your answering machine or voice mail.
- 5) Your chiropractor and members of the practice staff may call you by your first and last name at any time and location while in the clinic.
- 6) Your chiropractor and members of the practice staff may have advert conversation with you in the reception area, hallway, treatment rooms, therapy rooms, or any other location inside of the clinic.
- 7) Your chiropractor and members of the practice staff may need to use your name and address on a postcard to mail to you: a Birthday card which allows you to receive a free spinal or extremity adjustment, Thank You grams, Holiday greeting cards, Thank You referral cards, and a Recall card reminding you of our commitment to your health.
- 8) Your chiropractor and member of the practice staff may state your name and address on a Thank You postcard sent to the patient or patients who referred you to our office.
- 9) Your chiropractor and member of the practice staff may use your name on an internal "Thank You" board.
- 10) Your chiropractor and member of the practice staff may use your name on an internal "Patient Orientation Class" board as a reminder to you of our class.
- 11) Your chiropractor and member of the practice staff may use your name on an internal board listing any specific classes offered in our clinic.
- 12) Your chiropractor and member of the practice staff may use your name in advertising of any kind.
- 13) Your chiropractor and member of the practice staff may use your name in any type of testimonial.
- 14) Your chiropractor and member of the practice staff may use your name and address on mailings with special promotions that our clinic offers.
- 15) Your chiropractor and member of the practice staff may discuss your case and financial obligation with family members, personal representatives, or other persons responsible for an individual's care with respect to your location, condition, or death.

You have the right to refuse to give us authorization to contact you to provide appointment reminders, information about treatment alternatives, other health related information, or any of the reasons listed in 1-14 of the above list. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

You may inspect or copy the information that we use to contact you to provide appointment reminders, information about treatment alternatives, other health related information, or any of the above reasons at any time.

Marketing

From time to time, our practice works with marketing organizations to make you aware of products or services that you may have an interest in purchasing. We may need to use your health information including your name, address, phone number, and your clinical records for the purpose of marketing products and services to you. The authorization form you sign for this purpose contains the name of the organization and/or the products and services we are marketing.

You have the right to refuse to give us authorization to contact you for marketing purposes. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

You may inspect or copy the information that we use to market products and/or services to you at any time. Our practice and staff will receive direct or indirect remuneration from our marketing activities.

Permitted Disclosures

Under federal law, we are also permitted or required to use or disclose your health information in these following circumstances:

- 1) We are permitted to use or disclose your health information if we are providing health care services to you based on the orders of another health care provider.
- 2) We are permitted to use or disclose your health information if we provide health care services to you as an inmate.
- 3) We are permitted to use or disclose your health information if we provide health care services to you in an emergency.
- 4) We are permitted to use or disclose your health information if we are required by law to treat you and we are unable to obtain your consent after attempting to do so.
- 5) We are permitted to use or disclose your health information if there are substantial barriers to communicating with you but in our professional judgment we believe that you intend for us to provide care.

Other than the circumstances described in the preceding five examples, any other use or disclosure of your health information will only be made with your written authorization.

Your right to revoke your authorization

You may 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:

- 1) If we have already released your health information before we receive your request to revoke your authorization.
- 2) 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.

If you wish to revoke your authorization, please write to us at:

764 E. Glenn Avenue
Auburn, Alabama 36830

Your right to limit uses or disclosures

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 care information. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us. If we do not agree to your restrictions, you may drop your request or you are free to seek care from another health care provider.

Your right to receive confidential communication regarding your health information

We normally provide information about your health to you in person at the time you receive chiropractic services from us. 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.

Your right to inspect and copy your health information

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

Your right to amend your health information

You have the right to request that we amend your health information for seven years from the date that the record was created. We require your request to amend your records to be in writing and for you to give us a reason to support the change you are requesting us to make.

Your right to receive an accounting of the disclosures we have made of your records

You have the right to request that we give you 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 required for your treatment, to obtain payment for your services, or to run our practice.

We will provide the first accounting within any 12-month period without charge. There is a fee for any additional requests during the next 12 months. When you make your request we will tell you the amount of the fee and you will have the opportunity to withdraw or modify your request.

Your right to obtain a paper copy of this notice

If you have agreed to receive privacy notices by e-mail, you may request a paper copy of this notice at any time.

Our duties

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.

Re-disclosure

Information that we use or disclose based on the authorization you are giving us 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.

Your right to complain

You may complain to us or to the Secretary of 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:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201**

To contact us

If you would like further information about our privacy policies and practices, please contact:

**Auburn Chiropractic Health Clinic, Inc.
Privacy Officer
764 E. Glenn Avenue
Auburn, AL 36830
(334) 501-4691**

This notice is effective as of _____. This notice will expire seven years after the date upon which the record was created. By signing below, I acknowledge that I have received a copy of this notice.

Patient Name Printed

Date

Patient Signature

Authorized Provider Representative

Personal Representative Printed

Personal Representative Signature

Description of personal representative's authority to act for the patient