

Notice of Privacy Practices

This notice takes effect on January 3, 2011 and remains in effect until we replace it.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

Your **Protected Health Information (PHI)** includes both medical and individually identifiable information. The privacy of your PHI is important to us, and we are committed to protecting it. We create a record of the care and services you receive at Wildflowers Chiropractic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share your PHI. We also describe your rights and duties regarding the use and disclosure of PHI.

OUR LEGAL DUTY:

We are required by law to:

- Keep your Protected Health Information private.
- Follow the terms of this notice.
- Give you access to this notice describing our legal duties, privacy practices and your rights regarding your Protected Health Information.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI):

The following describes different ways that we use and disclose PHI. Not every use or disclosure will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment. We may use PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, nutritionists, technicians, medical/chiropractic students or other clinic personnel who are involved in taking care of you at Wildflowers Chiropractic. We may also share your PHI with your other health care providers to assist them in treating you.

For Payment. We may use and disclose PHI for payment purposes. We may use and disclose PHI so that the health care you receive may be billed and paid for by you, your insurance company, or another third party.

For Healthcare Operations. We may use and disclose PHI for clinic operations. These uses are necessary to run Wildflowers Chiropractic and to ensure that all of our patients receive quality care. This might include measuring and improving quality of care, evaluation performances of employees, conducting training programs and getting any accreditation, certificates, licenses and credentials we need to better serve you. We will remove information that identifies you so people outside may study your health data without knowing who you are. We may use and disclose PHI about you to send you mailings about health-related products and services available.

Contacting You. We may use and disclose PHI to reach you about appointments and other matters. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Individuals Involved In Your Care. We may release PHI to an individual who is directly involved in your medical care. We may also give PHI to someone who helps pay for your care.

Research. We may use your health information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of PHI. Note: Under no circumstances will your name be associated with your medical data for research purposes.

As Required by Law. We will disclose PHI when required to do so by federal, state or local law. We may release PHI if asked to do so by a law enforcement official.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure.

These activities are necessary for the government to monitor the health care system, government programs, and for compliance with civil rights laws.

Public Health Activities. We will disclose PHI for public health related activities such as preventing or controlling disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, notifying patients of recalls of products they may be using, notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We will notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Disaster Relief. PHI with a public or private organization or person can legally assist in disaster relief efforts.

Funeral Director, Coroner, Medical Examiner. We may release PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI to funeral directors as necessary to help them carry out their duties.

National Security and Intelligence Activities. We may release PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Workers' Compensation. We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- 1.** Look at or get copies of your Protected Health Information (PHI). We will use the format you request unless it is not practical to do so. You must make a request in writing using the contact information above. If you request a paper copy, we will charge you for each page as well as postage, if necessary.
- 2.** Receive a list of all of the times we shared your PHI for purposes other than treatment, payment, healthcare operations and the other specified exceptions.
- 3.** Request that we place additional restriction on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement except as required by law or in the case of an emergency.
- 4.** Request that we communicate with you about your PHI by different means or to different locations. Your request that we communicate your PHI by different means or to different locations must be made in writing to Wildflowers Chiropractic.

5. Request that we change your PHI. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request we will provide a written explanation. You may respond with a statement of disagreement which will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable effort to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

6. You have the right to receive a paper copy of this document should you so choose.

Questions/ Complaints:

If you believe your privacy rights have been violated, please contact us. You may also submit a complaint to the U.S. Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.