

## Notice of Privacy Practices for Protected Health Information

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

### Uses and Disclosures

Here are some examples of how we may use or disclose your health care information:

1. We may use your name in open areas of the office including but not limited to welcome signs and referral boards.
2. We may contact you by mail with postcards, health articles, newsletters or other information at the address you provide.
3. We may post pictures in our office of individuals and families currently or previously under care.
4. If you provide a written testimonial, we may display it in our office or use it in our advertising
3. We may 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 practice.

### Marketing

We may use your name address and phone number for marketing purposes. Your information will be solely used by Carolina Chiropractic Clinic, PC and its affiliates. Your information will never be sold to a third party marketing organization. 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.

### Appointment Reminders

We may use your name, address and phone number to provide appointment reminders, information about treatment alternatives or health related information that may be of interest to you. 164.520 (b)(1)(iii)(A). If you are not home to receive an appointment reminder or other information a message will be left on your answering machine. You have the right to refuse to give us authorization to contact you to provide appointment reminders and other health related information. 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.

### Open Adjusting Area

Adjustments will be performed in an open adjusting area with a half wall. If you wish to discuss a matter privately, you must specifically request to speak with a doctor or a staff member in a private area of the office. Be advised that you may be required to schedule a separate appointment time to address any issue that you do not wish to discuss in the open adjusting area.

### Permitted Disclosures

Under federal law, we are permitted or required to disclose your personal health information in the following circumstances:

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

Any other use or disclosure of your health information will be made with your written authorization.

### Your right to revoke your authorization

You may revoke your authorization 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 your information was released before we received your request to revoke authorization.
2. If you were required to give your authorization as a condition of obtaining insurance.

If there are health care providers, hospitals, employers, insurers or other individuals or organizations to whom you do not wish us to disclose your health care information, please notify us in writing. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restrictions are binding on us. If we do not agree to your restrictions, you may drop your request or you may seek care for another health care provider.

### 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. Your request must be in writing, and we reserve the right to charge a reasonable fee for any copying service provided.

### 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. Your request to amend your records must be in writing and for you must cite a specific reason to support the requested changes.

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

You have the right to request 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

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.

If you feel that we have violated your privacy rights, you may complain to us or to the Secretary for Health and Human Services. 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 **NC DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2001 MAIL SERVICE CENTER, RALEIGH, NC 27699-2001.**

If you would like further information about our privacy policies and practices, please contact: **Carolina Chiropractic Clinic, PC 221 NC Hwy 42 E, Clayton, NC 27520**