



PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

POLICY STATEMENT

This Practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from the Practice and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Practice, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

The Practice may use and/or disclose your PHI for purposes related to your treatment, payment for your care, and health care operations of the Practice. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

A. **Treatment** – In order to provide care to you, the Practice will provide your PHI to those health care professionals, whether on the Practice's staff or not, directly involved in your treatment so that they may understand your medical condition and needs and provide advice or treatment (e.g. your medical physician). For example, your physician may need to know how your condition is responding to treatment provided by the Practice.

B. **Payment** – In order to get paid for some or all of the health care provided by the Practice, the Practice may provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Practice may need to provide your health insurance carrier with information about health care services that you received from the Practice so that the Practice can be properly reimbursed.

C. **Health Care Operations** – In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to provide quality and efficient care, it may be necessary for the Practice to compile, use and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice's personnel in providing care to you.

AUTHORIZATION NOT REQUIRED

There are certain circumstances under which the Practice may use or disclose your PHI without first obtaining your Acknowledgement or Authorization. Those circumstances generally involve public health and oversight activities, law-enforcement activities, judicial and administrative proceedings, and in the event of death. Specifically, the Practice may be required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases or HIV/AIDS status. The Practice may also be required to report instances of suspected or documented abuse, neglect or domestic violence. The Practice is required to report to appropriate agencies and law-enforcement officials information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. The Practice must also provide your PHI when ordered by a court of law to do so.

Unless you object, the Practice may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, the Practice may disclose such information as necessary if the Practice determines that it is in your best interest based on the Practice's professional judgment. The Practice may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition or death. Finally, the Practice may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

The Practice may use or disclose your PHI if the Practice attempts to obtain a consent from you but is unable to do so because of substantial communication barriers and the Practice determines, using professional judgment, that you intended to consent to use or disclose under the circumstances. The Practice may use or disclose your PHI in an emergency treatment situation. If the Practice is required by law or as a matter of necessity to treat you, and the Practice has attempted to obtain your consent but have been unable to, the Practice may still use or disclose your PHI to treat you.

Except as indicated above, your PHI will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. The Practice will not disclose your PHI to an employer for purposes of making employment decisions, to a disability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization.

APPOINTMENT REMINDER

The Practice may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of a letter or postcard. The Practice will try to minimize the amount of information contained in the reminder. The Practice may also contact you by phone and, if you are not available, the Practice will leave a message for you.

SIGN-IN LOG

This office maintains a sign-in log at the reception area that you are asked to sign before seeing the doctor. Others who are in the reception area may see your name.

REFERRAL BOARD

This Practice maintains a referral board in order to acknowledge and thank those who refer their family or friends to the Practice. The referral board will be in the open which will allow others to see your name. If you do not wish to have your name placed on the board please let the Practice know.

OPEN DOOR ADJUSTING

This Practice sometimes uses an "open-door" adjusting environment. An open-door approach involves the doctor moving from patient care area to patient care area and leaving the doors between patient care areas open. As a result patients are occasionally within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and is NOT the environment used for taking patient histories, performing examinations or presenting reports of finding. These procedures are completed in a private, confidential setting. If you choose not to be adjusted in an open-door adjusting environment, please let the Practice know and the Practice will do its best to accommodate your wishes.

YOUR RIGHTS

You have the right to:

- A. Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
- B. Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use of disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.
- C. Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.
- D. Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request.
- E. Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason and support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you have the right to submit a written statement of disagreement.
- F. Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period, which may not be longer than six years and may not include the dates before April 14, 2003. The request should indicate in what form you want the list (such as paper or electronic copy). The first list you request within a 12-month period will be free, but the Practice may charge you for the cost of providing additional lists in that same 12-month period. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- G. Complain to the Practice, or to the Secretary of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington D.C. 20201. Or you may contact a regional office of the Office of Civil Rights, which can be found at www.hhs.gov/ocr/regmail.html. To file a complaint with the Practice, you must contact the Practice's Privacy Officer. All complaints must be in writing.
- H. To obtain more information on, or have your questions about your rights answered, you may contact the Practice's Privacy Officer, Jason Omer, D.C., at 501 SE 2nd St, Washington, IN 47501.

PRACTICE'S REQUIREMENTS

The Practice:

- A. Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of the Practice's legal duties and privacy practices with respect to your PHI.
- B. Is required to abide by the terms of this Privacy Notice.
- C. Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- D. Will not retaliate against you for making a complaint.
- E. Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.
- F. Will post this Privacy Notice on the Practice's web site, if the Practice maintains a web site.
- G. Will provide a copy of this Privacy Notice to you upon request.

EFFECTIVE DATE

This Notice is effective as of April 14, 2003.

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the Practice's Privacy Notice .

Name of Individual (printed)

Signature of Individual or Personal Representative

Date Signed ____/____/____

Name of Personal Representative (if applicable)

TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services a health care provider that specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.
(print name)

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

(signature)

(date)

Consent to evaluate and adjust a minor child

I, _____ being the parent or legal guardian of _____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.