

## **Brown Chiropractic Notice of Privacy Practices**

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### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

At Brown Chiropractic we are dedicated, as well as obligated by federal and state laws, to maintain the privacy of your health information. These laws also require us to provide you with this notice outlining our privacy practices and informing you of your rights and our obligations regarding your health information. We are required to follow the privacy practices described below while this notice is in effect. This Notice is effective as of January 1<sup>st</sup>, 2008, and will remain in effect until we replace it.

#### **CHANGES TO NOTICE:**

We reserve the right to make changes to this Notice and our privacy practices described within in accordance with applicable laws. Before making significant changes to our privacy policies, we will modify this notice to describe those changes and make the revised Notice available to you upon request. Any modifications we may make to this Notice and/or our privacy practices may be applicable to health information created or received by us prior to the date of changes. You can request a copy of our Notice of Privacy Practices at any time by contacting us using the information at the end of this Notice.

#### **PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:**

- A. **TREATMENT, PAYMENT, HEALTHCARE OPERATIONS:** Be advised that during the course of our relationship with you we may use and disclose health information about you for treatment, payment of service, and healthcare operations.  
Treatment: Your health information may be disclosed to other healthcare providers treating you.  
Payment: We may use and disclose your health information in order to obtain payment for service.  
Healthcare Operations: Your health information may be used and disclosed during normal healthcare operations which may include (but are not limited to): quality assessment, review of healthcare professional competencies, evaluation of healthcare provider performance, and other business operations.
- B. **AUTHORIZATIONS:** Unless you provide us with written authorization, we cannot use your health care information for any other purpose than those permitted by this Notice. You may submit your written authorization to use your health information for any purpose or to disclose your information to anyone you wish. After receiving a written authorization from you, we may use and/or disclose your health information in accordance with that authorization. You can revoke an authorization at any time by notifying us in writing.
- C. **DISCLOSURES TO FAMILY AND PERSONAL RELATIVES:** Disclosures will be made to any of your personal relatives/representatives that are appropriately authorized to access your health information. In emergency situations or in the event of your incapacity, we will disclose health information directly relevant to your health care needs as needed based on our professional judgment.
- D. **USES OR DISCLOSURES REQUIRED BY LAW:** We may disclose and/or use your health information when required to do so by law. Examples include: for public health reasons (disease reporting etc.), when we suspect you may be the victim of abuse, neglect, domestic violence or other crimes.
- E. **MARKETING:** We will never use your health information for marketing purposes unless you provide us with written authorization to do so.
- F. **PATIENT AND THIRD PARTY PROTECTION:** As permitted by law, we may disclose your health information to the extent necessary to prevent a serious threat to your health and safety or that of others.
- G. **NATIONAL SECURITY/LAW ENFORCEMENT:** In certain situations we may disclose your health information to members of the Armed Forces, Military Authorities, Correctional Institutions, Law Enforcement personnel, or any other individual having lawful custody of the patient. We may also disclose information in response to judicial proceedings and law enforcement inquiries as well as to any other authorized federal official to cooperate with lawful intelligence, counterintelligence and national security activities.
- H. **APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminder services such as: voicemail messages, postcards, letters, E-mail and other electronic communication.

**PATIENT RIGHTS:**

- A. **ACCESS TO RECORDS:** You have the right to review and/or receive copies of your health information, with limited exceptions, by submitting your request to us in writing. You may obtain a form to request your health information records by contacting us using the information provided at the end of this Notice. If you request photocopies of your records, we will provide them for you at our standard copying charge for each page, as well as postage if you want the records mailed. You may also request a format other than copies and we will provide your records in that format if readily available. We would then charge a reasonable fee based on our costs associated with providing records in this format. You may also request a summary or explanation of your health information which we could provide for a fee.
- B. **ACCOUNTING OF DISCLOSURES:** You may submit a written request to receive a list of all instances where we or our business associates disclosed your health information for purposes other than: treatment, payment, healthcare operations or other activities authorized by you, for the last 7 years.
- C. **RESTRICTIONS AND ALTERNATIVE COMMUNICATIONS:** You have the right to request we place additional restrictions on our disclosure and use of your health information for purposes related to treatment, payment, and healthcare operations. You may submit your request in writing and, depending on circumstances; we may agree or disagree to those requests. If we agree to your requests we must adhere to your restrictions, except in situations of emergency treatment. You also have the right to request we communicate with you regarding your health information with alternate means or location (for example: at your place of business rather than your home). These requests must be submitted in writing; and must provide satisfactory explanation of how payments will be handled under the alternative means and/or location(s) you request.
- D. **AMMENDMENTS TO RECORDS:** You have the right to request that we amend your health care information. These requests must be submitted in writing, and they must satisfactorily explain why information should be amended. We have the right to deny your request under certain circumstances.
- E. **ELECTRONIC NOTICES:** If this Notice was provided to you via electronic means (E-mail, Website or other electronic forms of communication), you have the right to request a copy of this Notice in written form.

**QUESTIONS AND COMPLAINTS:** If you have questions, concerns, or need clarification or more information about our privacy practices please contact us. If you feel we may have violated your privacy rights, or you disagree with a decision we made or any decisions we may make regarding the use, disclosure, or access to your health information you may complain to us at our contact information below. You also have the right to submit a written complaint to the U.S. Department of Health and Human Services. We can provide the address for you upon request. We support your right to privacy of your health care information and thank you for the opportunity to serve your chiropractic health care needs.

Questions, comments, or concerns may be directed to:

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