

**CHESTNUT RIDGE CHIROPRACTIC AND WELLNESS CENTER
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW 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 there are a number of situations where we may use or disclose to other persons or entities your confidential medical information. Certain uses and disclosures will require you to sign an acknowledgment that you received our notice of privacy practices, including treatment, payment and health-care operations. Any use or disclosure of your protected health information for anything other than treatment, payment or health-care operations require you to sign an authorization. Certain disclosures required by law or under emergency circumstances, may be made without your acknowledgment or authorization. Under any circumstance, we will use or disclose only the minimum amount of the information necessary from your medical records to accomplish the intended purpose of the disclosure.

USE IN DISCLOSURE WITHOUT PATIENT ACKNOWLEDGMENT OF THIS NOTICE we will attempt in good faith to obtain your signed acknowledgment that you received this notice to use and disclosure confidential medical information for the following purposes:

Treatment: we will use your medical information to make decisions about the provision, coordination or management of your health-care, including diagnosing your condition and determining appropriate treatment for that condition. It may also be necessary to share your medical information with another health-care provider whom we need to consult with respect to your care. We may also disclose certain information to a pharmacist for the purpose of filing a prescription for you, or to a physical therapist to provide physical therapy under appropriate circumstances, or to a facility or other provider's should you require surgery or other hospital care. These are only examples of uses and disclosures of medical information for treatment purposes and it may or may not be necessary in your case.

Payment: we may need to use or disclose information in your medical record to obtain reimbursement for you or your health insurance plan or another insurer for our services rendered to you. This may also included determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre- authorization of services or review of services for purposes of reimbursement. This information may also be used for billing, claims management and collection purposes together with related health-care data processing through our system.

Operations: your medical records may be used in our business planning and development operations, including improvement in our methods of operation, and general administrative functions. We may also use the information in our overall compliance planning, medical review activities, and arranging for legal and auditing functions.

USE AND DISCLOSURE WITHOUT ACKNOWLEDGMENT OR AUTHORIZATION there are certain circumstances under which we may use or disclose your medical information without first obtaining your acknowledgment or authorization. The circumstances generally involve public health and oversight activities, law-enforcement activities, judicial and administrative proceedings and in the event of death. Specifically we are required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases and HIV/AIDS status. We are also required to report instances of suspected or documented abuse, neglect or domestic violence. We are required to report to appropriate agencies and law enforcement officials, information that you or another person are in immediate threat of danger to your health or safety as a result of violent activity. We must also provide medical information when ordered by a court of law to do so.

AUTHORIZATION FOR USE OR DISCLOSURE except as outlined in the above sections, your medical information will not be used or disclose to any other person or entity without your specific authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to the governmental entities required by law to maintain confidentiality of the information, information will not be further disclosed to any other person or entity with respect information concerning mental health treatment, drug and alcohol abuse, HIV/AIDS, or sexually transmitted diseases which may be contained in your medical records. We likewise will not disclosure medical record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization.

ADDITIONAL USES AND DISCLOSURES we may contact you from time to time to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

INDIVIDUAL RIGHTS you may have certain rights with respect to your medical record information, as follows:

1. You may request that we restrict the uses and disclosures of your medical records information for treatment, payment and operations, or restrictions involving your care or your payment related to that care. We are not required to agree to the restrictions; however, if we agree, we will comply with it, except with respect to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.
2. You have the right to request receipt of confidential communications of your medical information by an alternative means or at an

alternative location. If you require such an accommodation, you will be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.

3. You have the right to inspect, copy and request an amendment to the medical records. Access to your medical records will not include psychotherapy notes, or information compiled in anticipation for use in a civil, criminal or administrative action or proceeding or for which your access is otherwise restricted by law. We will charge you a reasonable fee for providing a copy of your medical records, or a summary of those records, at your request, which includes the cost of copying, postage, or preparation of an explanation or summary of the information.

4. All requests for inspection, copying and/or amending information in your medical records must be made in writing and be addressed to Dr. James Strong at our address. We will respond to your request in a timely fashion.

5. You have a limited right to receive in accounting of all disclosures we make to other persons or entities of your medical records information except for disclosures required for treatment, payment and health-care operations, disclosures require an authorization, disclosures incidental to another permissible use or disclosure, and otherwise as allow by law. We will not charge you for the first accounting and any twelve-month period; however, we will charge you in reasonable fee for each subsequent request for in accounting within the same twelve-month period.

6. You have the right to obtain a paper copy of this notice if the notice was initially provided to you electronically, and to take one home with you if you wish.

7. All requests related to your right herein must be made in writing and addressed to Dr. James Strong at the address noted below.

OUR DUTIES we have the following duties with respect to the maintenance, use and disclosure of your medical records:

1. We are required by law to maintain the privacy of the protected health information in your medical records and to provide you with this notice of its legal duties and privacy practices with respect to that information.

2. We are required to abide by the terms of this notice currently in effect.

3. We reserve the right to change the terms of this notice at any time, making the new provisions effective for all health information in medical records we have and continue to maintain. All changes in this notice will be prominently displayed in available at our office.

COMPLAINTS you may file a written complaint to the Secretary of Health and Human Services if you believe your privacy rights with respect to confidential information in your medical records have been violated. All complaints must be in writing in must be addressed to: Dr. James Strong (in the case of the complaint to us) or to the person designated by the U.S. Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints online at the government's web site: <http://hhs.gov/ocr/hippa>.

CONTACT PERSON all questions concerning this notice or requests made pursuant to it should be addressed to: Dr. James Strong, 23 Heybert Dr., Blairsville Pa 15717, 724-459-8155

EFFECTIVE DATE this notice is effective April 14, 2003 and applies to all protected health information contained in your medical records maintained by us.

If you're not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to: DHHS, Office of Civil Rights, 200 Independence Ave, S.W., Room 509F HHH Building, Washington, DC 20201.

This notice is effective as of ____/____/____

I have read the privacy notice and understand my rights contained in this notice.

By way of my signature, I provide Chestnut Ridge Chiropractic Inc., and Dr. James Strong with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health-care operations as described in the privacy notice.

Patient's Name (PRINT)

Patient's Signature

Date

Authorized Facility Signature

Date