

Hammer Chiropractic, LLC

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

USES AND DISCLOSURES

The following categories describe different ways that we use and disclose personal information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose will fall within one of these categories.

For Treatment. We may use personal information about you to provide you with chiropractic treatment or services. Your chiropractor or staff member may have to disclose your health information including all your clinical records to another health care provider or hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition.

For Payment. Our insurance and billing staff may have to disclose your examination or treatment records and your billing records to another party, such as an insurance carrier, an HMO, a PPO or your employer if they are potentially responsible for payment of your services. We may use and disclose personal information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for treatment and services you receive and determine plan responsibility of benefits, and to coordinate benefits.

For Healthcare Operations. Your chiropractor and members of the staff may need to 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.

Appointment Reminders. We may use and disclose information to contact you as a reminder that you have an appointment for treatment. Your chiropractor and members of the practice staff may need to use your name, address, phone number and your clinical records to contact you to provide appointment reminders, information about

treatment alternatives or other health related information that may be of interest to you.

164.520(b)(1)(iii)(A). If you are not at home to receive an appointment reminder, a message will be left on your answering machine or with the person answering the telephone at your home or place of employment.

Health-related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Our Privacy Pledge. We have and always will respect your privacy. Other than the uses and disclosures we described above, *we will not sell or provide any of your health information to any outside marketing organization.*

Marketing. From time to time our practice will contact you to make you aware of products or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release personal information about you to a friend or family member who is involved in your care. We may also give information to someone who helps to pay for your care.

As Required by Law. We will disclose personal information about you when required to do so by federal, state, or local law.

Public Health Risks. We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing and controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; and reporting disease or infection exposure.

Worker's Compensation. We may release personal information about

you for worker's compensation or similar programs.

Lawsuits and Disputes. We may disclose your health information in the course of any administrative or judicial proceedings.

Law Enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing persons, complying with a court order or subpoena and other law enforcement purposes.

Wisconsin Chiropractic Association. Your chiropractor and members of the staff may need to disclose your name, address, phone number, billing information and your clinical records to the Wisconsin Chiropractic Association (WCA). This disclosure will be made if we need the WCA's assistance to receive reimbursement for your services or, we need the WCA's assistance because the party responsible for reimbursing your service has improperly processed your claim. We will disclose your information to the WCA. You are also giving the WCA authorization to re-disclose your information to the party responsible for the payment of your services, the WCA's legal counsel and state or federal agencies that may be asked to intercede on your behalf. You may inspect or copy the information that we may send to the WCA at any time (§164.524).

INTERNAL PROTECTION OF PERSONAL INFORMATION

Hammer Chiropractic, LLC has several safeguards in place to ensure the protection of your personal information that we handle orally, electronically or in written format. These safeguards include but are not limited to the following: storage of paper files in locked cabinets and file rooms; storage of electronic files in password and access controlled computer files and network drives; and destruction of discarded paper documents by shredding. In addition, there are guidelines in place to ensure that

each employee has access to the minimum amount of personal information necessary to perform their job function.

PERMITTED USES AND DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances: We are providing health care services to you based on the orders of another health care provider; if we provide health care services to you as an inmate; if we provide health care services to you in an emergency; if we are required by law to treat you and we are unable to obtain your consent after attempting to do so; if there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care. Other than the circumstances described, any other use or disclosure of your health information will only be made with your written authorization.

YOUR RIGHTS REGARDING PERSONAL INFORMATION ABOUT YOU

Right to Request Restrictions.

If there are health care providers, hospitals, employers, insurers or other individuals or organizations to which you do not want us to disclose your health information, please let us know 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 requests or you are free to seek care from another provider.

Right to Request Confidential Communications. We normally provide information about your health to you in person at the time you receive chiropractic services. We may also mail you information regarding your health or about the status of your account. We will do our best to accommodate any reasonable request if you would like to receive information about your health or services we provide at a place other than your home or if you would like the information in a different form. To help us respond to your needs, please make any request in writing to Hammer

Chiropractic, LLC 840 Arthur Drive, Milton, WI 53563.

Right To Inspect and Copy.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created for you, or as long as the information remains in our files. We require your request to inspect and/or copy your health information to be in writing to Hammer Chiropractic, LLC. 840 Arthur Drive, Milton, WI 53563.

Right To Amend. You have the right to request that we amend your health information for seven years from the date that the record was created or as long as the information remains in our files. We require your request to amend your records be in writing and for you to give a reason to support the change you are requesting us to make. Request should be sent to Hammer Chiropractic, LLC, 840 Arthur Drive, Milton, WI 53563. In addition, we may deny your request if you ask us to amend information that: was not created by us; is not part of the personal information kept by or for your records; is not part of the information you would be permitted to inspect and copy; is accurate and complete.

Right To an Accounting of

Disclosures. You have the right to request an accounting of disclosures. This is a list of the disclosures we made of personal information about you. To request this list of accounting of disclosures, you must submit your request in writing to Hammer Chiropractic, LLC. Your request must state a time period, which may not be longer than six years or include dates of disclosures that were made prior to the effective date of the HIPAA privacy law. The first list you request within 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the fee and you will have the opportunity to withdraw or modify your request at that time before any costs are incurred.

Right to Revoke Authorization.

You may revoke any of your authorizations at any time; however, your revocation must be in writing to Hammer Chiropractic, LLC, 840 Arthur Drive, Milton, WI 53563. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your

authorization. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to our health information if they decide to contest any of your claims.

Right To a Paper Copy of This

Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Our Duties. We are required by law to maintain the privacy of 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.

Re-Disclosure. Information that we use or disclose may be subject to re-disclosure by the person to whom we provide the information and may not longer be protected by the federal privacy laws.

CHANGES TO THIS PRIVACY NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for personal information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. We will send you revised notices that have been materially changed from the previous version.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint to Hammer Chiropractic, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with Hammer Chiropractic, LLC, contact **Hammer Chiropractic, LLC, Attn. Lesley Hammer, 840 Arthur Drive, Milton, WI 53563, (608) 868-4343.** All complaints should be submitted in writing. We respect your right to file a complaint and will not take any action against you if your file a complaint.

Notice of Privacy Practices Acknowledgement

I have read the Hammer Chiropractic consent policy and agree to its terms. I am also acknowledging I have received a copy of the privacy notice required by law (Notice of Privacy Practices for Protected Health Information).

Printed Name Patient/Representative

Authorized Provider Representative

Signature

Date

Date

Relationship to the Patient as Representative

Release of Records (optional)

I authorize Hammer Chiropractic to release information concerning my care if needed:

Parent/Guardian/Spouse

Transmission of work/school requests

Healthcare Providers

Other

Signature of patient (Guardian)

Date