



*Health
First
Chiropractic
Clinic, P.C.*

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 REVIEW IT CAREFULLY.

CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Our Privacy Pledge

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information. We will not discuss the names of our patients with anyone that is not part of our practice. All information about our patients and their health conditions will be used within our practice in a professional manner. Patient information will never be provided to a third party unless we have the appropriate consent and/or authorization signed by the patient. We have and always will respect your privacy. Other than the uses and disclosures we describe in this notice, we will not sell or provide any of your health information to any outside marketing organization. Should we ever inadvertently make a mistake regarding the confidentiality of a patient's health information, we will immediately do everything possible to correct the error.

You have the right to review this notice before you sign this consent form. We reserve the right to change our privacy practices as described in this notice. If we make a change to our privacy practices, we will notify you in writing when you come in for treatment or by mail. Please feel free to call us at any time for a copy of our privacy notices.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Uses and Disclosures

Here are some examples of how we might have to use or disclose your health care information:

- 1) Your chiropractor or a staff member may have to disclose your health information including all of your clinical records to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition.
- 2) Our insurance and billing staff may have to disclose your examination and 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 the payment of your services.
- 3) 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 his/her practice.
- 4) 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. If you are not at home to receive an appointment reminder, 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, information about treatment alternatives, or other health related information. By signing this form, you are giving us authorization to contact you with these reminders and 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.

You may inspect or copy the information that we use to contact you to provide appointment reminders, information about treatment alternatives, or other health related information at any time.

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 these following circumstances:

- 1) We are permitted to use or disclose your health information if we are providing health care services to you based on the orders of another health care provider.
- 2) We are permitted to use or disclose your health information if we provide health care services to you as an inmate
- 3) We are permitted to use or disclose your health information if we provide health care services to you in an emergency.

- 4) We are permitted to use or disclose your health information if we are required by law to treat you and we are unable to obtain your consent after attempting to do so.
- 5) We are permitted to use or disclose your health information 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 in the preceding five examples, any other use or disclosure of your health information will only be made with your written authorization.

Your right to revoke your authorization

You may revoke your authorization to us 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 we have already released your health information before we receive your request to revoke your authorization.
- 2) If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims. If you wish to revoke your authorization please write to us at
Attn: Tracey Szagesh, Clinic Consultant
Health First Chiropractic Clinic, P.C.
3097 29th St SE
Grand Rapids, MI 49512

Your right to limit uses or disclosures

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

Your right to receive confidential communication regarding your health information

We normally provide information about your health to you in person at the time you receive chiropractic services from us. 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 the services that 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.

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 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. We reserve the right to charge for the copying of records, the fee will be based upon the actual cost of supplies and labor for the copying and postage (if required).

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 or as long as the information remains in our files. We require your request to amend your records to be in writing and for you to give us a reason to support the change you are requesting us to make.

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

You have the right to request that we give you an accounting of the disclosures we have made of your health information for the last seven years before the date of your request. The accounting will include all disclosures except

- those disclosures required for your treatment, to obtain payment for your services, or to run our practice.
- those disclosures made to you.
- those disclosures necessary to maintain a directory of the individuals in our facility or to individuals involved with your care.
- those disclosures for national security or intelligence purposes.
- those disclosures made to correctional officers or law enforcement officers.
- those disclosures that were made prior to the effective date of the HIPAA privacy law.

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

If you have agreed to receive privacy notices by e-mail, 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 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.

Marketing Authorization

Your chiropractor and members of the practice staff may need to use your health information including your name, address, phone number, and your clinical records for the purpose of marketing products and services from our clinic, Health First Chiropractic Clinic, P.C. to you. We are specifically requesting authorization to market the following products and/or services to you birthday cards, missed appointment reminders, open house notices, testimonials located in a book in our reception area or on our website, pictures of yourself or your children on our office walls or on our website, notices of complimentary services for special occasions, notices of participation in food drives, coat drives, toys for tots, community based services, surveys of quality of care, thank you cards, e-mail, e-mail newsletters, changes in services offered within the clinic. By signing this form, you are giving us authorizations to contact you with these reminders and information.

Your right to complain

You may complain to us or to the Secretary of Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. The complaint must name the doctor or staff person and describe what the patient believes the person did improperly, the law requires that all complaints be in writing, and the complaint must be filed within 180 days of when the patient knew the problem occurred. Written comments should be addressed to the address below.

If you would like further information about our privacy policies and practices please contact:

Tracey Szagesh, Clinic Consultant
Health First Chiropractic Clinic, P.C.
3097 29th St SE
Grand Rapids, MI 49512
(616) 974-9922 (Phone)
(616) 974-9955 (Fax)
MsTraSz@sbcglobal.net (Email)

There are many rules regarding the confidentiality of patient information. While our policies and procedures try to anticipate how to comply with these rules, please remember that our first and most important responsibility is to the health needs of the patient.



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By signing below, I acknowledge that I have received a copy of the Notice of Privacy for Protected Health Information and Consent For Use or Disclosure of Health Information, currently in use by Health First Chiropractic Clinic, PC. This authorization will expire seven years after the date on which you last received services from us. This notice is effective as of 12/31/02.

Patient Name Printed

Date

Patient Signature

Authorized Provider Representative

Personal Representative Printed

Personal Representative Signature

Description of personal representative's authority to act for the patient.