

NOTICE OF PRIVACY POLICIES AND PRACTICES

Henry Chiropractic Clinic, LLC 1314 Pelham Road, Greenville, South Carolina 29615

Dear Patient:

This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

INTRODUCTION

At Henry Chiropractic Clinic, LLC, we are committed to treating and using protected health information (PHI) about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. This Notice is effective September 23, 2013 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION

Each time you visit Henry Chiropractic Clinic, LLC a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results & treatment as well as other pertinent healthcare data. This information, is often referred to as your health or medical record, serves as a:

Basis for planning your care and treatment

Means of communication with other health professionals involved in your care

Legal document outlining and describing the care you received

A tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided

An education tool for medical health providers

A source for medical research

Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards

A source of data for planning and/or marketing

A tool that we can reference to ensure the highest quality of care and patient satisfaction.

Understanding what is in your record and how your PHI is used helps you to ensure it's accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health information

The right to restrict disclosure of PHI about care you have paid for out-of-pocket to health plans, unless for treatment purposes or in the event the disclosure is required by law.

The right to receive confidential communications concerning your medical condition and treatment

The right to inspect and copy your protected health information.

The right to amend or submit corrections to your protected health information.

The right to receive an accounting of how and to whom your protected health information has been disclosed

The right to receive a printed copy of this notice.

OUR RESPONSIBILITIES

Henry Chiropractic Clinic, LLC is required to:

Maintain the privacy of your health information

Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you

Abide by the terms of this notice

Notify you if we are unable to agree to a requested restriction

Notify you if there is a breach of PHI unless, after completing a risk analysis, it is determined that there is a low probability of PHI compromise

Accommodate reasonable requests you may have regarding communication of health information via alternative means and/locations.

We will not use your PHI for marketing third-party products or services.

We will not sell your PHI. However, we may charge a reasonable fee for providing a copy of medical records to you or your designee. We will respond to your written request for a copy of your records within 30 days, plus one 30 day extension.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We will use your health information for treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluation your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment: Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

We will use your information for regular health operations: Your health information may be used as necessary to support the day-to-day activities and management of Chiropractic and/or other services. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates: In some instances, we have contracted separate entities to provide services for us. These "associates" require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these "business associates" might be a billing service, collection agency, answering services and computer software/hardware provider.

Communication with family: Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. In the event of your death, we may make relevant disclosure to your family or friends when these individuals were involved in providing care or payment for care unless we are aware of any expressed preference to the contrary. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

Research/Teaching/Training: We may use your information for the purpose of research, teaching, and training.

Healthcare Oversight: Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

Public health reporting: Your health information may be disclosed to public

health agencies as required by law.

Law enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Appointment reminders: The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are brief, non-specific messages left on your answering machine, or letters mailed to your home reminding you to call & schedule an appointment. If you don't approve of these methods, or, if you prefer alternative methods (i.e., email) please inform the practice.

Newsletters: In the dissemination of information of our upcoming events, changes, closings, new staff, promotions, educational articles, etc., we will mail or email to your address of record fliers pamphlets brochures, letters, post cards, etc. Should you not wish to receive the information or have changed your address notify our office.

Other uses and disclosures: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use of disclosure of information that occurred before you notified us of your decision.

Emailing PHI: We advise against sending PHI by unencrypted email due to lack of transmission security but we will send PHI by unencrypted email upon your request.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of Henry Chiropractic Clinic, LLC please contact:

PRIVACY OFFICER at Henry Chiropractic Clinic, LLC
1314 Pelham Road
Greenville, South Carolina 29615

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or you may file a complain with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below.

OFFICE FOR CIVIL RIGHTS
U. S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F. HHH Building
Washington, D.C. 20201