

NOTICE OF PRIVACY PRACTICES
This Notice is effective January 12, 2015

**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**

Winslow Chiropractic and Wellness Center is committed to maintaining the privacy of your Protected Health Information ("PHI"). PHI may contain information about your personal, medical, diagnostic, billing and accounting record that we use in the course of providing you with healthcare services and processing payment for those services. It may also contain information about your past, present, or future medical condition, treatment and payment. We are required by law to protect your medical information and provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to PHI. We are legally required to follow the terms of this Notice and to use and disclose medical information in the manner that we have described here. We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a current copy of our notice in our waiting area and have copies at the front desk available upon request.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

We may use and disclose your Protected Health Information ("PHI") in the following ways:

Treatment - We may use and disclose PHI about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

Payment - We may use and disclose your personal and medical information to obtain payment for healthcare services that you received. For example, we disclose PHI to your insurance company and third-party billing clearinghouses. In some instances, we may disclose medical information about you to an insurance plan *before* you receive certain healthcare services to determine if your plan will pay for a particular service. If it becomes necessary for us to use a collection process due to lack of payment for services, the minimum amount of PHI necessary for purposes of collection will be disclosed.

Healthcare Operations – We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

Appointment Reminders – We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Individuals Involved in Your Care or Payment for Your Care – When appropriate, we may share health information with a person(s) involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Open Office Reception Area – We promote an interactive, friendly office which includes an open reception area. Our front desk staff is trained to be discrete, use a lowered voice and ask for information that is minimally necessary to perform insurance, payment, and scheduling duties. Sensitive patient disclosure is performed in a private treatment or consultation room; however, in the event that you volunteer PHI at the front desk, it may be inadvertently overheard by others. If you would like to speak with us in private, just ask - we are happy to do so at all times.

Business Associates - We may disclose PHI to our business associates that perform functions on our behalf or to provide us with services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than that as specified in our contract.

National Priority Uses and Disclosures - When required by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." We will only disclose medical information about you in the following circumstances when we are permitted to do so by law:

- **Required by Law** - There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with state laws and with all other applicable laws.
- **Public health activities** - We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence** - We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities** - We may disclose PHI about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings** - We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement** - We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others** - We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Decedents** - For reasons such as identifying a deceased person or determining the cause of death.
- **Threat to health or safety** - We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Certain government functions** - We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.
- **Workers' compensation** - We may disclose medical information about you in order to comply with workers' compensation laws.

- Research organizations - We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.

Authorizations - Other than the uses and disclosures described above, we will not use or disclose medical information about you without “authorization” – or signed permission – of you or your personal representative. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

Right to a Copy of This Notice - You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist or any staff member for a copy.

Right of Access to Inspect and Copy - You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

Right to Have Medical Information Amended - If you believe that we have information that is either inaccurate or incomplete, you have the right to have us amend (which means correct or supplement). If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. If you would like to amend your health record, you must provide us with a request in writing.

Right to an Accounting of Disclosures - You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing.

Right to Request Restrictions on Uses and Disclosures - You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operation. You also have a right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. To request a restriction, you must make your request in writing. **We are not required to agree with your request.** Except that we are required by law to honor Restriction Requests that meet the following criteria:

- If your request is to restrict PHI disclosure to a health plan (insurer), AND
- the disclosure is not required by law AND
- is for a healthcare service that was paid for out-of-pocket in full by you or a person on your behalf (other than a health plan).

Right to Request Confidential Communication - You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. This request must be made in writing. We will agree to any reasonable request.

Right to Notification if a Breach of Your Medical Information Occurs - You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

Right to Opt-Out of Fundraising Communications - If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you have a complaint about this Notice or how this office handles your health information, please contact our Privacy Officer:

Dr. Thomas Winslow • Winslow Chiropractic and Wellness Center • 1390 N Green Bay Road • Waukegan, IL 60085 • tele: 847-625-9000 (Dr. Winslow)

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

U.S. Department of Health and Human Services: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> • email: OCRcomplaint@hhs.gov

We will not take any action against you or change our treatment of you in any way if you file a complaint