



## **HIPAA Privacy Notice**

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.

If you have any questions or concerns about this notice please contact Jennifer Vogelsson, 5215 Monroe St, Toledo OH 43623 419-843-1515.

We at Fairwood Chiropractic and Physical Therapy are committed to protect your personal health information. This "Protected Health Information (PHI)" consists of your past, present and future physical or mental health or condition; the provision of your health care, and the past, present, or future payment for the provision of your health care. The use and disclosure of your Protected Health Information will be to carry out treatment, payment, and health care operations of Fairwood Chiropractic and Physical Therapy.

PRIVATE MEDICAL INFORMATION MAY BE USED AND DISCLOSED IN THE FOLLOWING CIRCUMSTANCES:

- For Treatment: When medically necessary, your information may be shared among doctors, staff, and with other healthcare providers actively involved in your care. For Example, we may use and disclose your medical information when referring you for such things as diagnostic testing.
- For Payment: We may use and disclose information that is necessary in order to file insurance claims and successfully complete billing and collection procedures. For example, we may inform your healthcare plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- For Health Care Operations: We may use and disclose your protected health information in the course of operating our office. These uses are necessary to run our daily activities and make sure that all of our patients receive quality care. For example, we may use your medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- Appointment reminders and other health-related services: We may use and disclose medical information to contact you in regard to an appointment, possible treatment options or other benefits or services that may be of interest to you. We may call you in regards to your appointment and if necessary, leave messages on your answering machine or family member. We may send you a notice location changes, expansions, and advancements we have made here at Fairwood Chiropractic and Physical Therapy.
- Individuals Involved in your care or payment for your care: We may release medical information to a friend or family member who is involved in or helps pay for your medical care. For Example if a family member is financially responsible for a patient and makes an inquiry about the patient's bill.
- As Required By Law: We will disclose your medical information when required to do so by federal, state or local law. For example, When it in response to a court order, subpoena, warrant, summons or similar process.
- The Avert Threat to Health or Safety: We may use and disclose your medical information to authorities in order to avoid a serious threat to your health and safety or the health and safety of another person.
- For Specific Government Functions: We may use and disclose Protected Health Information when required for any specialized government or military functions including active personnel, reservist, veterans, and

discharged members of the service. Also, for any person confined to a correctional institution or under any law enforcement supervision.

- Health Oversight Activities: We may use and disclose your Protected Health Information when authorized by law for oversight activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with Medicare guidelines and civil rights. Examples may include audits, investigations, inspections, and licensure.

#### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

- Rights to request Restrictions: You have the right to request a restriction or limitation on how much of your protected Health information is disclosed. We will consider your request, but are not required to agree to it.
- Right to Inspect and copy: You have the right to inspect your records or receive a copy of your records at any time by signing a written release. However, under certain rare circumstances we have the right to deny your request. If needed, interpretation of the records will be provided. We are required to respond to your request within 30-60 days.
- Right to Amend: You have the right to ask us to amend your medical records if you feel as though we have made some error in your record. Your request must be in writing. We may deny your request. Some examples of why we may deny your request are: if it is not in writing, if it does not include a reason for the request, if the medical information was not created by us, or if we are not permitted to disclose the information.
- Right to Accounting of Disclosure: You have the right to get a list of when, to whom, for what purpose, and what content of your Protected Health Information has been released. This list will not include any disclosures to law enforcement, for national security purposes, or before April 2003. Your request should specify a time period. Your request can include disclosure going back as far as 6 years. You're entitled to one free list a year. There may be a charge for any additional lists requested within that year.
- Right to request confidential communications: You have the right to choose how we contact you. Your request may specify how or where you wish to be contacted. We will not ask you the reason for the request. For example, you can ask that we only contact you at work or by mail. We must agree to your request as long as it is reasonably easy for us to do so.
- Right to a copy of this notice: You have a right to receive a copy of this notice. You may obtain an additional or updated copy by contacting our compliance officer.

#### CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We will post the notice in the office prior to the effective date of the change. An updated copy will be available to you upon request.

#### COMPLAINTS:

- If you think we have violated your privacy rights or disagree with the way we used your protected health information then you may file a complaint with the Privacy Officer, Jennifer Vogelson (contact information listed on first page of notice). You may also file a written complaint with the Secretary of the U. S Department of Health and Human Services at 200 Independence Avenue, SW, Washington, D.C. 20201 or by email at [HHS.Mail@hhs.gov](mailto:HHS.Mail@hhs.gov). There will be no retaliation if you make such complaints.

#### OTHER USES OF MEDICAL INFORMATION:

- Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with written permission. If you provide us permission to use or disclose your protected

health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.