

## **DYNAMIC HEALTH CENTER NOTICE OF PRIVACY PRACTICES**

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.

The Dynamic Health Center is required, by law, to maintain the privacy and confidentiality of your Protected Health Information and to provide our patients with notice of our legal duties and privacy practices with respect to your Protected Health Information.

**Normally, the privacy of a patient's personal health information is protected. However, under certain circumstances government rules and regulations supercede the patient's right of privacy. For instance, doctors are required by law to report certain communicable diseases to the appropriate government agencies. Child abuse is another area where government regulations supercede the patient's right to privacy.**

**Effective April 14, 2003, all physicians are required, by law, to provide their patients with a written notice listing the situations in which the patient's right of privacy may be superceded by, or secondary to, other government regulations and/or Chiropractic Care Center's privacy practices. The following is your notice, which we are required to give every patient, and also to have each patient acknowledge the fact that they received the notice.**

### **Disclosure of Your Health Care Information**

**Under certain circumstances, your Protected Health Information may be disclosed as outlined below:**

#### **1. Disclosure for Treatment Purposes**

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. Examples:

- a) On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with the Dynamic Health Center.*
  
- b) It is our policy to provide a substitute health care provider, authorized by the Dynamic Health Center to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.*

#### **2. Inadvertent Disclosures**

In our clinic, some of the treatment areas are used to provide treatment to more than one patient at the same time. For this reason, we try to talk with each patient quietly but, it is possible that other patients might, from time to time, overhear parts or our conversations with you, or be able to see portions of your x-rays or medical records. Therefore, if you feel a need for additional privacy at any time, you may make this request and we will make every attempt to honor your request.

### **3. Disclosure for Payment Purposes**

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. Example:

*As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Dynamic Health Center for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.*

### **4. Disclosure for Workers' Compensation Purposes**

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

### **5. Disclosure for Emergency Purposes**

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

### **6. Disclosure for Public Health Purposes**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

### **7. Disclosure for Judicial and Administrative Proceedings**

We may disclose your health information in the course of any administrative or judicial proceeding.

### **8. Disclosure for 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 person, complying with a court order or subpoena, and other law enforcement purposes.

### **9. Disclosure for Deceased Persons**

We may disclose your health information to coroners or medical examiners.

### **10. Disclosure for Public Safety Purposes**

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

### **11. Disclosure for Specialized Government Agencies.**

We may disclose your health information for military, national security, prisoner and government benefits purposes.

## **12. Disclosure for Appointment Reminders, Marketing & Fundraising Purposes**

We may contact you for marketing purposes or fundraising purposes, as described below: Examples:

*a) Appointment Reminders - Our policy is to remind you of scheduled or missed appointments. Typically, we may call your home concerning a scheduled appointment or a missed appointment. If you are not at home, we may leave a reminder message on your answering machine or with the person answering the phone. We may also call you at your work number. If you are not available, we may leave a reminder on your voice mail or with the person who takes your messages. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.*

*b) Marketing & Fundraising - It is our practice to participate in charitable events (such as patient appreciation days) to raise food donations, gifts, money, etc. In doing so, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and invite you to participate. It is not our policy to disclose any personal health information about your condition for the purpose of the Dynamic Health Center sponsored or co-sponsored fund-raising events.*

## **13. Lab or Test Results**

We may notify you of the availability of lab or test results by calling your home or office. If you are not available, we will leave a message stating that your results are available and asking you to return the call.

## **14. E-Mails**

We may, from time to time, communicate with you by e-mail. We will assume that your e-mail is private. If your e-mail is not private, or if you do not want to receive communications by e-mail, please let us know.

## **15. Disclosure In the Event of Change of Ownership.**

In the event that the Dynamic Health Center is sold or merged with another organization, your health information/record will become the property of the new owner.

### **YOUR HEALTH INFORMATION RIGHTS**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Dynamic Health Center is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.

- You have a right to request that the Dynamic Health Center amend your protected health information. Please be advised, however, that Dynamic Health Center is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by the Dynamic Health Center.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

### **Changes to this Notice of Privacy Practices**

Dynamic Health Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dynamic Health Center is required by law to comply with this Notice.

Dynamic Health Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Heidi Cox by calling this office at 704-525-6288. If Heidi Cox is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

### **Complaints**

Complaints about your Privacy rights, or how Dynamic Health Center has handled your health information should be directed to Heidi Cox by calling this office at 704-525-6288. If Heidi Cox is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

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

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

This notice is effective as of April 14, 2003.

**ACKNOWLEDGEMENT OF RECEIPT**  
**Dynamic Health Center**

As required by the Privacy Regulation, I hereby acknowledge that I have received a current copy of the Notice of Privacy Practices of the Dynamic Health Center.

I am aware that the Dynamic Health Center has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all Protected Health Information that it maintains.

\_\_\_\_\_  
Patient's Name (print)

If signed by a representative of the patient:

\_\_\_\_\_  
Representative's Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Patient's/Representative Signature

\_\_\_\_\_  
Date

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**(Office Use Only)**

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date

Good faith effort to obtain receipt: (Describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4/14/03

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