

Notice of Privacy Practices

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.

Vitality Wellness Center (the “Practice”) is committed to maintaining the privacy of your protected health information (“PHI”), which includes information about your health condition and history as well as the care and treatment you receive from the Practice and other health care providers. This notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment of your care, health care operation of the practice and for other purposes permitted or required by law. This notice also details your rights regarding your PHI.

This Practice employs multiple doctors of Chiropractic and practitioners at any given time. However for purposes of compliance with the Health Information Portability and Accountability Act (HIPAA) Privacy rules, all doctors are deemed to be a part of a single Organized Health Care Arrangement, which means that they operate as an integrated unit; that they will share protected health information in order to carry out chiropractic care (including coverage for each other), payment for services rendered and health care operations; that this notice provided serves as a joint notice made by each doctor, practitioner and staff person and that each of them will abide by the terms of this notice.

This office maintains a sign-in log at the reception area that you are asked to sign before seeing the practitioner. Your name may be seen by others who are in the reception area.

We provide most on-going care in an “open entrainment” area. It is NOT the environment used for taking patient histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting. This means that statements made by you or employees of the Practice during treatment may be overheard by others. There are various interpretations under federal law with respect to what is known as “incidental disclosures” of health information. It is our view that the kinds of matters related in an “open entrainment” environment are incidental matters. If you have comments or information you wish to share privately when you come into the entrainment room, please inform the doctor or staff and we will accommodate your needs.

In the course of your care at Vitality Wellness Center, we may use or disclose personal and health related information about you in the following ways:

- *Your PHI, including your clinical records may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- *Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, or your employer if they are responsible for the payment of your services.
- *Your name, address, phone number and health care records may be used to correspond with you during or after your care. This may include contacting you regarding: appointment reminders, recommendation notices, birthdays, holiday, referral thank-you’s, practice events, or other health related information (i.e. Newsletters, emails, etc.) that may be of interest to you, as well as other similar correspondence.

Further you have the right to inspect or obtain a copy of the information we will use for these purposes. If you are not at home to receive an appointment reminder call, a message may be left on your answering machine. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. This request must be made in writing. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:

- *If we are providing health care services to you based on the orders of another health care provider.
- *If we provide health care to you in an emergency or if we are required by law to provide care and are unable to obtain your consent after attempting to do so.
- *If we are ordered by courts or another appropriate agency. Also, when required by law (i.e. case of child abuse and neglect) or for special government functions (i.e. military, veteran) and correctional institutions in the case of inmates.
- *If you are involved in a Workers' Compensation claim, we may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

*If we contract with a business associate to provide a service necessary for your treatment, payment for your services, and health care operations (i.e. practice or front desk coverage, billing or transcription service, etc.).

Any use or disclosure of your PHI, other than as outlined above, will only be made upon your written authorization. We normally provide information about your health care to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home please advise us in writing.

You have the right to inspect or request a copy of your PHI for seven years from the date the record was created or as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. The Practice has 30 days to comply. Requests to inspect, copy, or amend your health related information must be made in writing.

We are required by law to maintain the privacy of your patient file and the PHI therein. We are also required to provide you with this notice of our privacy practices with respect to your PHI and to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made, we will notify you in writing as soon as possible following the changes.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities please let our staff know.

Your signature indicates your authorization of the policies outline in this notice.

_____ Name (printed) _____ Signature
_____ Date