



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Cheshire Chiropractic Center is permitted to make uses and disclosures of protected health information (PHI) for treatment, payment and health care operations, as described in the following examples:

- a. For treatment – Example, if you're being treated for an injury, we may disclose your PHI to an outside physical therapy department in order to coordinate your care.
- b. For payment - We may provide portions of your PHI to the billing department and your health plan to get paid for the health services we provide to you. We may also provide your PHI to our business associates, such as billing companies, and others that process our health care claims
- c. For health care operations -We may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and other in order to make sure we're complying with the laws that affect us.

2. Cheshire Chiropractic Center is permitted or required, under specific circumstances, to use or disclose PHI without the individual's written authorization.

- a. When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative hearing.
- b. For public health activities. For example, various diseases, to government officials in charge of collecting that information and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death when applicable.
- c. For health oversight activities. For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- d. To avoid harm. In order to avoid a serious threat to the health and safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- e. For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as

protecting the President of the United States or conducting intelligence operations; or

f. For worker's compensation purposes. We may provide PHI in order to comply with worker's compensation laws.

3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.

4. The Individual has the following rights regarding PHI:

a. The right to request restrictions on certain uses and disclosures of PHI

If there are health care providers, hospitals, employers, insurers or other individuals or organizations to whom you do not want us to disclose your health information, please let us know, in writing, what individuals or organizations to whom you do not want us to disclose your health care information. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us. If we do not agree to your restrictions, you may drop your request or you are free to seek care from another health care provider.

b. The right to receive confidential communications of PHI, as applicable

We normally provide information about your health to you in person at the time you receive Chiropractic services from us. We may also mail you information regarding your health or about the status of your account. We will do our best to accommodate any reasonable request if you would like to receive information about your health or the services that we provide at a place other than your home, or, if you would like the information in a different form. To help us respond to your needs, please make any requests in writing.

You should know that at this office we have an open physical therapy area. This means that you can see other patients and will be seen by other patients when you are receiving care in these areas. If you are not comfortable with this set-up, it is your responsibility to notify us so that we can make appropriate accommodations to your privacy needs.

c. The right to inspect and copy PHI, as provided in the Privacy Regulation

You have the right to inspect and/or copy your health information for seven (7) years from the date that the record was created or as long as the information remains in our files. We require your request to inspect and/or copy your health information to be in writing.

d. The right to amend PHI, as provided in the Privacy Regulation

You have the right to request that we amend your health information for seven (7) years from the date that the record was created or as long as the information remains in our files. We require your request to amend your records to be in writing and for you to give us a reason to support the change that you are requesting us to make.

e. The right to receive an accounting of disclosures of PHI

You have the right to request that we give you an accounting of the disclosures we have made of your health information for the last six years before the date of your request. The accounting will include all disclosures except:

- 1) Those disclosures required for your treatment, to obtain payment for your services, or to run our practice.
- 2) Those disclosures made to you.
- 3) Those disclosures necessary to maintain a directory of the individuals in our facility or to the individuals involved with your care.
- 4) Those disclosures made for national security or intelligence purposes.
- 5) Those disclosures made to correctional officers or law enforcement officers.
- 6) Those disclosures that were made prior to the effective date of the HIPAA privacy law.

We will provide the first accounting within any 12-month period without charge. There is a fee for any additional requests during the next twelve (12) months. When you make your request, we will tell you the amount of the fee and you will have the opportunity to withdraw or modify your request.

- f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.

5. Cheshire Chiropractic Center is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and Privacy practices with respect to PHI

6. Cheshire Chiropractic Center is required to abide by the terms of the Notice currently in effect.

7. Cheshire Chiropractic Center reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all PHI that it maintains.

8. Cheshire Chiropractic Center will provide individuals or patients with a revised Notice by verbal or written requests.

9. Individuals may complain to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. You may send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Ave S. W., Washington D. C. 20201.

10. You may also send a written complaint to our office addressed to: Office Manager, Cheshire Chiropractic Center, 423 Winchester St, Keene NH 03431

11. This Notice is first in effect on April 14, 2003