Uses and Disclosures

Here are some examples of how we might have to use or disclose your health care information:

1) Your chiropractor or a staff member may have to disclose your health information including all of your clinical records to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition.
2) Our insurance and billing staff may have to disclose your examination and treatment records and your billing records to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are potentially responsible for the payment of your services.
3) Your chiropractor and members of the staff may need to use your health information, examination and treatment records and your billing records for quality control purposes or for other administrative purposes to run our practice efficiently and effectively.
4) Your chiropractor and members of the practice staff may need to use your name, address, phone number, and your clinical records to contact you to provide appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you. 164.520 (b)(1)(iii) (A). If you are not at home to receive an appointment reminder, a message will be left on your answering machine.

You have the right to refuse to give us authorization to contact you to provide appointment reminders, information about treatment alternatives, or other health related information. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

You may inspect or copy the information that we use to contact you to provide appointment reminders, information about treatment alternatives, or other health related information at any time.

Your Right to Revoke Your Authorization

You may revoke your authorization to us at any time; however, your revocation must be in writing. There are two circumstances under which we will not be able to honor your revocation request:

1) If we have already released your health information before we receive your request to revoke your authorization. 164.508 (b)(5)(i)
2) If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims. If you wish to revoke your authorization please write to us at our office address c/o Billing Dept.

Other Permitted Uses and Disclosures Without Consent or Authorization

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

1) If we are providing health care services to you based on the orders of another health care provider.
2) If we provide health care services to you as an inmate.
3) If we provide health care services to you in an emergency.
4) If we are required by law to treat you and were unable to obtain your consent after attempting to do so.
5) If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

Other than the circumstances described in the examples above and in the ***Uses and Disclosures*** section of this notice, any other use or disclosure of your health information will only be made with your written authorization.

Your Right to Receive an Accounting of Disclosures Made of Your Records

You have the right to request 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 those disclosures:

- required for treatment, to obtain payment for services, or to run our practice.
- made to you or those involved in your care.
- necessary to maintain a directory of the individuals in our facility.
- for national security or intelligence purposes, as required by law.
- made to correctional officers or law enforcement officers, as required by law.
- 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 12 months. When making a request we will tell you the amount of the fee and you may withdraw or modify your request at that time.

Your Right to Limit Uses or Disclosures

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.

Our Privacy Pledge

We have and always will respect your privacy. Other than the uses and disclosures described within this notice, we will not sell or provide any of your health information to any outside marketing organization.

Your Right to Receive Confidential Communication

We normally provide information about your health to you in person at the time you receive services. 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 request in writing.

Your Right to Inspect and Copy

You have the right to inspect and/or copy your health information for seven 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.

Your Right to Amend

You have the right to request that we amend your health information for seven 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 with a reason to support the change you are requesting us to make.

Re-Disclosure

Information that we use or disclose may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

Our Duties

We are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information.

We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices. If we make a change to the terms of our privacy agreement we will notify you in writing when you come in for treatment or by mail. If we make a change in our privacy terms the change will apply for all of your health information in our files.

Your Right to Complain

You may complain to us or to the Secretary for Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. While you may make an oral complaint at any time, written comments should be addressed to Dr. Daniel Sjogren at our office address shown on the top of the front cover.

To Contact Us

If you would like further information regarding our privacy policies and practices please contact Dr. Daniel Sjogren D.C. at our office address or by phone at: (508) 499-3919

Your Right to a Paper Copy of this Notice

If you have agreed to receive privacy notices by e-mail, you may request a paper copy of this notice at any time.

This notice is effective as of April 14, 2003 or the date you first signed the acknowledgement of receipt of this notice.

This notice expires seven years after the date upon which your record was created, which is seven years after the last date of service.

SJOGREN CHIROPRACTIC CENTER INC.

113 ½ Main St.
Oxford, MA 01540
(P)508-499-3919, (F)508-499-3726

Notice of Privacy Practices for Protected Health Information

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW YOUR CHIROPRACTIC AND MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.