

WAYS IN WHICH WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Treatment: We will use and disclose your protected health information to provide treatment. For example, Information obtained by a nurse, physician, or any other member of our staff will be recorded in your record, and used to manage your health care. Laboratory tests may be ordered, and the results are used to help us reach a diagnosis. Prescriptions may be written for you, or on your behalf, we can call or fax it to your pharmacy. We may disclose your information to other physicians involved in your care. Including a referring physician or a specialist we have referred you to see.

Payment: We will use and disclose your protected health information to obtain payment for services we provided. We may contact your health insurer to verify coverage. We may contact your insurer with details of your treatment including diagnosis and procedures. We may provide your information to the laboratories that we have ordered tests on your behalf. We may contact a third party who may be responsible for payment such as a family member. We may also use the information to bill you directly for the services we provided.

Health Care Operations: We may use and disclose your protected health information to operate business. For example – We may disclose your health information to the third party associates who perform billing and consulting services.

Appointment Reminders: We may contact you to remind you of an appointment or to make appointments for periodic check ups.

Others involved in your care: We may discuss your protected health information with a family member, friend, or any other person you identify that is involved in your medical care or payment for care.

Required by Law: We may disclose your information when we are required to do so by federal, state, or local law.

To avert a Serious Threat to public health or safety: We will use and disclose your information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease or injury.

YOUR HEALTH INFORMATION RIGHTS:

A Paper Copy of This Notice: You have the right to receive a paper of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

Inspect and Copy: You have the right to inspect and copy the protected information that we maintain about you in our designated health records set for as long as we maintain the information. This designated records set includes your medical and billing records, as well as any other records we use for making decision about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying. We may charge a fee for the cost of copying, mailing, or other supplies used in fulfilling your request.

If you wish to inspect or copy your medical information, you must submit your request to our privacy officer, c/o **A Better Back Chiropractic & Wellness, P.C. 2050 N. Alma School Rd. #113 Mesa, AZ 85206** You may mail in your request or bring it to our office. We will have thirty days to respond to your request for your information that we have at our office. If the information is stored off-site, we are allowed up to sixty days to respond but we must inform you of this delay.

Request Amendment: You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our privacy officer, stating exactly what information is incomplete or inaccurate, and then state your reasoning that supports your request.

We are permitted to deny your request if:

- ✓ we did not create the information in your record, or the person who created it is no longer available to make amendment.
- ✓ the information is not part of the record which you are permitted to inspect and copy on your behalf
- ✓ the information is not part of the designated record set kept by the practice, or if it is the opinion of the health care provider that the information is accurate and complete.

Request Restrictions: You have the right to request a restriction or limitation of how we use and disclose your medical information about a prior treatment, payment, or health care operations. For example- you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to our office manager.

We are not required to agree to your request if we feel it is in your best interests, use, or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment

An Accounting of Disclosures: You have a right to request a list of the disclosures of your health information we have made outside of our practice that we were not for treatment, payment, or health care operations. You must make your request in writing. Then enclose the time period for the requested information. You may not request information for any dates prior to April 14, 2003. (the compliance date for the federal regulation)

Your first request for a list of disclosures within a twelve-month period will be free. If you request an additional list within twelve-month of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and allow you to withdraw your request before any costs are incurred.

Request Confidential Communications:

You have the right to request how we communicate with you to preserve your privacy. For example- you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and you must specify how or where we are able to contact you. We will accommodate to you for all reasonable requests.

File a Complaint: If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our privacy officer or directly to the Secretary of Health and Human Services.

200 Independence Avenue, SW
Room 509 F, HHH Building
Washington D.C., Washington 20201

To file a complaint with our privacy officer, you must make it in writing within 180 days of the suspected violation. Provide as much information as you can about the suspected violation. Send it to our Privacy officer, c/o Advanced Spine and Rehab P.C., 4121 E Valley Auto Drive Suite 110, Mesa Az. 85206. You should know there would be no retaliation for your filing a complaint.

USES OF DISCLOSURES NOT COVERED

Uses of disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revoke.

Our Responsibilities: A Better Back Chiropractic & Wellness Center, P.C. is required to:

- ✓ Maintain the privacy of your health information
- ✓ Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- ✓ Abide by the terms of this notice
- ✓ Accommodate reasonable requests
You may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make new provisions effective for all health information we maintain. Our practices will post a copy of our current notice in a visible location at all times, and you may request a copy at any time you wish.

We will not use or disclose your health information without your authorization, except as described in this notice. We will adhere to any changes in your authorization upon written request.

The effective date of this notice is April 14, 2003.

NOTICE OF PRIVACY PRACTICES



**A Better Back Chiropractic
&
Wellness Center, P.C.
2050 N. Alma School Rd.
SUITE 13
Chandler, ARIZONA 85224
PHONE: (480) 244-7033
FAX: (480) 855-9407**

This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review this carefully.

WE ARE REQUIRED BY LAW to provide you with this notice that explains our privacy practices in regard to your medical information, and how we may use and disclose your protected health information for treatment, payment, health care operation, and other purposes required by law. You have certain rights regarding the privacy of your protected health information and we describe them in this notice. Therefore, you can learn your rights.