



HIPAA PRIVACY NOTICE

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

Alternative Space Chiropractic (ASC) is committed to maintaining the privacy of your protected health information (“PHI”), which includes information about your health and the care and treatment you receive. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

NO CONSENT REQUIRED

ASC may use and/or disclose your PHI for the purposes of:

(A) Payment - In order to get paid for services provided to you, the Health Center will provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements.

(B) Health Care Operations - In order for ASC to operate in accordance with applicable laws and in order to continue to provide quality and efficient care, it may be necessary for ASC to compile, use and/or disclose your PHI. ASC may use and/or disclose your PHI, without a written Consent from you, in the following additional instances:

(a) De-identified Information - Information that does not identify you and, even without your name, cannot be used to identify you.

(b) Personal Representative - To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

(c) Emergency Situations -

- (i) for the purpose of obtaining or rendering emergency treatment to you provided that ASC attempts to obtain your Consent as soon as possible; or

- (ii) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.

(d) Communication Barriers - If, due to substantial communication barriers or inability to communicate, ASC has been unable to obtain your Consent and the doctor determines, in the exercise his professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.

(e) Public Health Activities - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease and that does not identify you and, even without your name, cannot be used to identify you.

- (f) Abuse, Neglect or Domestic Violence - To a government authority if ASC is required by law to make a disclosure. If ASC is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.
- (g) Health Oversight Activities - Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.
- (h) Judicial and Administrative Proceeding - For example ASC may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
- (i) Law Enforcement Purposes - In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, ASC may disclose your PHI if the Health Center believes that your death was the result of criminal conduct.
- (j) Coroner or Medical Examiner - ASC may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.
- (k) Organ, Eye or Tissue Donation - If you are an organ donor, ASC may disclose your PHI to the entity to whom you have agreed to donate your organs.
- (l) Research - If ASC is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI and that does not identify you and, even without your name, cannot be used to identify you.
- (m) Avert a Threat to Health or Safety - ASC may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
- (n) Workers' Compensation - If you are involved in a Workers' Compensation claim, ASC may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

Appointment Reminders

- Your health care provider or a staff member may disclose your health information to contact you to provide appointment reminders. If you are not at home to receive an appointment reminder, a message will be left on your answering machine, voice mail, or with the person who answers the call. This may also be a text message to the number you provided.
- You have the right to refuse us authorization to contact you to provide appointment reminders. If you refuse us authorization, it will not affect the treatment we provide to you.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization. You may revoke your authorization to us at any time; however, your revocation must be in writing. You may request restrictions on certain use and/or disclosure of your PHI as provided by law. However, ASC is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request. In your written request, you must inform ASC of what information you want to limit, whether you want to limit ASC's use or disclosure, or both, and to whom you want the limits to apply. If ASC agrees to your request, they will comply with your request unless the information is needed in order to provide you with emergency treatment.

You Have a Right to

- (a) Inspect and obtain a copy your PHI. To inspect and copy your PHI, you are requested to submit a written request. ASC can charge you a fee for the cost of copying, mailing or other supplies associated with your request.
- (b) Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to ASC. ASC will accommodate all reasonable requests.
- (c) Prohibit report of any test, examination or treatment to your health plan or anyone else for which you pay in cash or by credit card.
- (d) Receive an accounting of disclosures of your PHI. The request should indicate in what form you want the list (such as a paper or electronic copy)
- (e) Receive a paper copy of this Privacy Notice from ASC upon request.
- (f) Request copies of your PHI in electronic format.
- (g) Receive notice of any breach of confidentiality of your PHI from ASC

ASC'S REQUIREMENTS

- Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice their legal duties and privacy with respect to your PHI.
- Is required to abide by the terms of this Privacy Notice.
- Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- Will distribute any revised Privacy Notice to you prior to implementation.
- Will not retaliate against you for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of ASC's "NOTICE OF PRIVACY PRACTICES." I acknowledge that I was provided a copy of the Notice of Privacy and that I have read them or declined the opportunity to read them and understand the Notice of ASC. I understand that this form will be placed in my patient chart and maintained for six years.

Name (Printed)

Date Signed

Signature: Patient or Legal Representative (Attorney, Guardian, Parent)

Date Signed