

Notice of Privacy Practices

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

All correspondence should be addressed to:

HARBOR FRONT FAMILY CHIROPRACTORS, LLC
HIPPA Compliance Officer
707 N. Washington Ave.
Ludington, MI 49431

Our commitment

Our principal goal is to keep you healthy and to offer services that meet your needs. Our clinic has always been very protective and respectful of your personal information. In order to provide the best possible care, we collect, create, use and disclose information about you. We are dedicated to keeping your health information private, in accordance with federal and state law. As required by the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), we provide you with this notice of our legal duties with respect to health information. We are required to follow the terms of this notice currently or any revision to it that is in effect. We reserve the right to make changes to this notice as allowed by law. Changes to our privacy practices will apply to all health information we maintain.

HARBOR FRONT FAMILY CHIROPRACTORS, LLC

NOTICE OF PRIVACY PRACTICES

Our Duties To Safeguard Personal Health Information

This Notice of Privacy Practices describes how we may use and disclose your personal health information to carry out treatment, payment or health care administrative operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your personal health information. “Personal health information” is information about you, including demographic information that may identify you and that relates to your health status. We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of your personal health information and to adhere to certain privacy practices. Our clinic will abide by the terms of this Notice of Privacy Practices.

We reserve the right to make revisions or change this notice. We will post a copy of the current notice in a prominent location. Patients will receive a copy of the revised notice.

Use and Disclosure of Your Personal Health Information

Treatment: We will use and disclose your personal health information to provide, coordinate and manage your treatment at our office. We may disclose, for example, your record of care to your physician, for review and signature. We may coordinate and manage your health care with another healthcare provider that has already obtained your permission to have access to your personal health information. For example, we may add a record of your care to a another facility health record, your primary physician-medical record or obtain information from a medical facility personal health record. In addition, we may disclose your personal health information to other physicians or health care providers who become involved in your care by providing assistance with your diagnosis or treatment. We may disclose a record of your care to a hospital radiologist who will conduct a MRI study. We may also discuss the plan of care with a family member or responsible party for the purpose of obtaining consent to continue treatment, discharge planning or caregiver training. We may discuss, provide training or make medical recommendations in an open treatment setting.

Payment: Your personal health information will be used, as needed, to obtain payment for your clinic services. We may disclose information to Medicare, Medicaid, private insurance companies or responsible parties when for example:

- Determining eligibility or coverage for insurance benefits
- Undertaking utilization reviews or establishing medical necessity
- Billing for your treatment services

For example, following an exam or evaluation, obtaining approval for continued treatment may require that your relevant personal health information be disclosed to an insurance company.

Healthcare Administrative Operations: We may use or disclose, as needed, your personal health information to support the business activities of our clinic. These activities may include, but are not limited to, quality compliance activities, associate appraisals, training of staff or providers, marketing and fundraising and conducting or arranging for other business activities.

For example, we may disclose your personal health information in the following situations:

- To staff or providers during their clinical training programs
- We may use a sign-in sheet at the registration desk when you arrive for your appointment.
- We may also call you by your first or last name in the reception or treatment area prior to and during your care.
- We may discuss your treatment plan with other health care providers in order to coordinate, plan and assess the effectiveness of your healthcare as well as to provide you with treatment alternatives.
- We may also use and disclose your personal health information for marketing activities. For example, your name and address may be used to send you a newsletter about our services.

Privacy Safeguards: In the course of using your personal health information for treatment, payment and operating our business, our clinic, providers and staff will take all reasonable safeguards to protect your information from access by unauthorized persons. For example:

- Any equipment used to handle your personal health information, such as fax machine, copy machine, and computer, will not be left unattended during use.
- Files that contain your personal health information will be stored in locked areas when unattended, and protected by password in computers used by multiple persons.
- If personal health information needs to be transported to another location, it will be handled securely.
- Mail that contains your personal health information will be handled in a secure manner.
- Spoken communication that would identify you will occur in limited access areas with authorized persons only.

Uses and Disclosures of Your Personal Health Information Based Upon Written Authorization

Other uses and disclosures of personal health information not covered by this notice or the laws that apply to us will be made only with your written permission. You may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Emergencies: We may use or disclose your personal health information in an emergency situation. In the course of treatment, if an emergency occurs, we may discuss your personal health information and care with emergency personnel responding to your needs. If that happens, we will try to obtain your authorization as soon as is reasonable and practical.

Communication Barriers: We may use and disclose your personal health information if we are unable to obtain your consent prior to treatment because of substantial communication barriers. If that happens, we will try to obtain consent from you or your responsible party as soon as it is reasonable and practical.

Individuals Involved in Your Care: We may disclose your personal health information to a family member, close friend or other person that you identify as having close involvement in your health care. If you are unable to agree to disclosure, we will disclose such information as necessary based on our professional judgment.

Marketing: We may use and disclose your personal health information to promote the services of our clinic to you, other healthcare professionals and the public. We will obtain a signed authorization to disclose or use your personal health information prior to the use or disclosure for marketing. We do not sell our mail lists, patient lists, or any personal health information to any outside firm or agency and we prohibit their use.

Uses and Disclosures of Your Personal Health Information That Does Not Require Written Authorization

In addition to using your information for treatment, payment and operating our business, we may use or disclose your personal health information in the following situations without your written authorization:

As required by law: We will disclose personal health information to the extent required by federal, state, or local law.

Public Health Risks: We may disclose your personal health information if directed by a public health authority to any agency that is collaborating with the public health authority. The disclosure will be made to:

- Prevent or control disease, injury or disability.
- Notify a person who may be at risk for contracting or spreading a disease or condition.
- Report reactions to medications or problems with products.
- Notify a vendor in an instance of a defective product or equipment that you are in possession of, which is being recalled.

We may disclose your personal health information to the government entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Healthcare Oversight: We may disclose your personal health information to an agency that may audit, investigate, inspect and/or license our clinic. These activities may be necessary for government agencies to monitor health care providers, government programs and to ensure compliance with civil rights laws.

Legal Proceedings: We may disclose your personal health information in response to an order of the court or administrative tribunal.

Law Enforcement: We may release personal health information to appropriate authorities if asked to do so by law enforcement officials:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime if, under certain initial circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at a facility.
- To report a crime in emergency circumstances.

Research: We may disclose your personal health information to researchers who are conducting research within the scope of clinical practice of our clinic.

To Avert a Serious Threat to Health or Safety: We may use and disclose your personal health information when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure would only be to an individual authorized to help prevent the threat.

Workers' Compensation: We may use or disclose your personal health information, as authorized, to comply with workers' compensation laws or other legally established programs.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your personal health information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others or (3) for the safety and security of the correctional institution.

Military Personnel and Veterans: If you are a member of the armed forces, we may use or disclose personal health information about you as required by military command authorities. For example, we may use or disclose your information for national security or intelligence activities.

Your Rights Regarding Your Personal Health Information

You have the following rights regarding your personal health information:

Right to Inspect and Copy: You have the right to inspect and copy personal health information that is contained in your patient record. To inspect and copy personal health information, you must submit your request in writing to the Front Desk Coordinator. We may charge a fee for the costs associated with handling your request.

Right to Amend: If you feel that the personal health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as we maintain the information. To request an amendment, submit your request in writing to the Front Desk Coordinator. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy.

Right to an Accounting of Disclosure: You have the right to receive an accounting of disclosures we have made of your personal health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. To request this list of disclosures, submit your request in writing to the Office Coordinator. Your request must include the time period during which disclosures were made, not to exceed seven (7) years, and cannot include a time period before December 31, 2011. We may charge a fee for the costs associated with handling your request.

Right to Request Restrictions: You may ask us not to use or disclose any part of your personal health information for the purposes of treatment, payment or health care operations. You may also request that any part of your personal health information not be disclosed to family members or friends who may be involved in your care. To request restrictions, you must submit your request in writing to the Front Desk Coordinator. Your request must state (1) the specific restriction requested (2) to whom you want this restriction to apply, and (3) the time period for the restriction. Please discuss any restriction you wish to request with your physician. If your physician believes it is in your best interest to permit use and disclosure of your personal health information, your personal health information will not be restricted.

Right to Request Confidential Communications: You have the right to request that we communicate with you regarding your personal health information by an alternate means or at an alternate location. To request confidential communication, you must make your request in writing to this clinic's Director. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you another copy of this notice at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Office Coordinator or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint. You may contact the Office Coordinator for further information about the complaint process.