

## **Notice of Privacy Practices for Protected Health Information**

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.

### **Uses & Disclosures**

We may use or disclose your protected health information without your written consent, written authorization or oral agreement for the following purposes:

- **Treatment Example:** We may use your health information within our office to provide health care services to you or we may disclose your health information to another provider if it is necessary to refer you to them for services.
- **Payment Example:** We may disclose your health information to a third party such as an insurance carrier, an HMO, a PPO, or your employer, in order to obtain payment for services provided to you.
- **Health Care Operations Example:** We may use your health information to conduct internal quality assessment and improvement activities and for business management and general administrative activities.

We may use or disclose your protected health information:

- If we provide services to you while you are an inmate.
- If we provide services to you in an emergency treatment situation.
- If we are required by law to provide services to you and we were unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communication, and we determine, in the exercise of our professional judgment that you intend for us to treat you.
- If we need to notify, or assist in the notification if a family member, personal representative or another person responsible for your care of your location, general condition or death.
- If we are required by law to disclose your health information to a public health authority that is authorized to receive information for the purposes of preventing or controlling disease, injury or disability.
- If we are required by law to disclose your health information to a public health or other governmental authority that is authorized to receive reports of child abuse or neglect.
- If we are required to disclose your health information to the Food and Drug Administration.
- If we are required to disclose your help information to your employer to evaluate whether you have a work related injury or illness.
- If we are required by law to disclose your health information to a government authority authorized to receive reports of abuse, neglect or domestic violence.
- Disclosures made to individuals involved with your care;
- Disclosures made for national security or intelligence purposes;
- Disclosures made to correctional institutions or law enforcement officials; and
- Disclosures made prior to the compliance date of the HIPPA Privacy Rule.

**Right to Receive Notice:** You have the right to receive a paper copy of this notice, upon request.

**Our Duties:** We are required by law to maintain the privacy of protected health information and to provide you with a notice of legal duties and 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 this notice and to make the new notice provisions effective for all of the health information that we maintain. If we make a change in the terms of this notice, we will notify you in writing and provide you with a paper copy of the new notice, upon request.

**Complaints:** You may complain to us and to the Secretary of Health Services if you believe your privacy rights have been violated. You may file a complaint with us by writing to our Privacy Official at the address that follows. We will not take any action against you for filing a complaint.

**How to Contact Us:** If you would like further information about our privacy practices, please contact:

Garry Collins, D. C.  
Collins Chiropractic Clinic  
P. O. Box 322, Floyd, VA 24091 - 540-745-6494.

Effective Date of Notice: March 24, 2003