

How We May Use and Disclose Your Medical Information (PHI) About You

The following categories describe different ways that we may use and disclose medical information with out your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not all possible uses or disclosures are listed.

For Treatment. We may use medical information about you to provide you with medical treatment or services. Example: When treating you, we may need to know if you have a pacemaker, as this will influence the types of therapies you receive.

For Payment. We may use and disclose medical information about you so that the treatment and services provided to you may be billed and payment may be collected from you, an insurance company or third party. Example: We may need to send your PHI, such as your name, address, visit dates, and codes identifying your diagnosis and treatment to your insurance company for payment.

For Health Care Operations. We may use and disclose PHI for health care operations to assure that you receive quality care. Example: We may use your PHI to review our treatment and services and to evaluate the performance of the staff treating you.

Other Uses or Disclosures That Can Be Made Without Your Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for medical records
- In response to legal proceedings
- Other health care provider' treatment activities
- Other covered entities' and providers' payment activities and healthcare operations activities (accepted under HIPAA law)
- Uses and disclosures in domestic violence or neglect situations

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will only be made with your written authorization. If you give us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any disclosures we have made with your authorization, and we are required to retain our records of the care we have provided you.

Your Individual Rights Regarding..

Disclosures and Changes to Your

Medical Information (PHI)

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment and health care operations or to someone who is involved in your care or payment of your care. We are not required to agree to your request. If we do not agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer at this practice. In your request, you must tell us what information you want to limit.

Right to Accounting of Non-Standing Disclosures.

You have the right to request a list of disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Privacy Officer at this practice. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years and may not include dates prior to April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list.

Right to Amend. If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be submitted in writing to the Privacy Officer at this practice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny the request if the information was not created by us, is not the part of the medical information kept by this practice, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. 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 of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Your Access to Medical Information (PHI)

Right to Inspect and Copy. You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal or administrative action or proceeding, and PHI to which access is prohibited by law. To inspect and copy your medical information (PHI), you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, we reserve a right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to a Paper Copy of This Notice. You have the right to a paper copy of our Current Notice of Privacy Practices at any time. To obtain a paper copy of the current Notice, please make your request in writing to the Privacy Officer at this practice.

Right to Request Confidential Communications. You have the right to request how we send communications about medical matters, and where you would like them sent. To request confidential communications, you must submit your request in writing to the Privacy Officer. We will not ask you for the reason for your request and all reasonable requests will be honored. Your request should specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

Complaints. If you believe your privacy rights have been violated, you should file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

Notice of Privacy Practices

We care about our patients' privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information.

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please contact the Privacy Officer at this practice.

Who Follows This Notice..

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, with the effective date on the posted copy.

Pitts Chiropractic

Notice of Privacy Practices

**This Notice describes how your Personal Health Information (PHI) may be used and disclosed and how you can get access to this information.
Please review it carefully.**

Effective Date: March 1, 2003

Privacy Officer: Dee Fonley



**801 NE 25th Avenue
Ocala, FL 34470**

**Phone: 352-732-0200
Fax: 352-732-2623**

Pitts Chiropractic

Tel: 352-732-0200

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

PITTS, CHIROPRACTIC

I, _____ have read a copy of Pitts Chiropractic's
Patient name

Notice of Patient Privacy Practices.

Signature of Patient or
Parent or legal Guardian

Date