

Livin' Well Family Chiropractic

HIPAA Privacy Policy

Uses and Disclosures

Here are some examples of how we might have to use or disclose your health care information:

- * Dr. Marley or Dr. Heather or a staff member may have to disclose your health information including all of your clinical records to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition.

- * Our insurance and billing staff may have to disclose your examination and clinical records and your billing records to another party, such as an insurance carrier, or your employer if you are a Worker's Compensation or Personal Injury case.

- * Dr. Marley or Dr. Heather and members of the practice staff may need to use your name, address, phone number, and your clinical records to contact you to provide appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message will be left on your answering machine.

Our Privacy Pledge

We have and always will respect your privacy. Other than the uses and disclosures we described above, we will not sell or provide any of your health information to any outside marketing organization.

Permitted uses and disclosures without your consent or authorization

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

- * We are permitted to use or disclose your health information if we are providing health care services to you based on the orders of another health care provider.

- * We are permitted to use or disclose your health information if we provide health care services to you in an emergency.

- * We are permitted to use or disclose your health information if we are required by law to care for you and we are unable to obtain your consent after attempting to do so.

- * We are permitted to use or disclose your health information if there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

Other than the circumstances described in the preceding four examples and under the ***Uses and Disclosures*** section above, any other use or disclosure of your health information will only be made with your written authorization.

Your right to revoke your authorization

You may revoke your authorization to us at any time; however, your revocation must be in writing. There are two circumstances under which we will not be able to honor your revocation request:

- * If we have already released your health information before we receive your request to revoke your authorization.

- * If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims. If you wish to revoke your authorization please write to us at:

Livin' Well Family Chiropractic
1122 Logan Avenue
Cheyenne WY 82001

Your right to limit uses or disclosures

If there are health care providers, hospitals, employers, insurers or other individuals or organizations to whom you do not want us to disclose your health information, please let us know, in writing, what individuals or organizations to whom you do not want us to disclose your health care information. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us. If we do not agree to your restrictions, you may drop your request or you are free to seek care from another health care provider.

Your right to receive confidential communication regarding your health information

We normally provide information about your health to you in person at the time you receive chiropractic services from us. We may also mail you information regarding your health or about the status of your account. We will do our best to accommodate any reasonable request if you would like to receive information about your health or the services that we provide at a place other than your home or, if you would like the information in a different form. To help us respond to your needs, please make any request in writing.

Your right to inspect and copy your health information

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. We require your request to inspect and/or copy your health information to be in writing.

Your right to amend your health information

You have the right to request that we amend your health information for seven years from the date that the record was created or as long as the information remains in our files. We require your request to amend your records to be in writing and for you to give us a reason to support the change you are requesting us to make.

Re-disclosure

Information that we use or disclose may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

Our duties

We are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information.

If you would like a copy of this page, please initial here: _____

We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices. If we make a change to the terms of our privacy agreement we will notify you in writing when you come in for care or by mail. If we make a change in our privacy terms the change will apply for all of your health information in our files.

PRIVACY NOTICE ACKNOWLEDGEMENT

We at Livin' Well Family Chiropractic are very concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the *Health Insurance Portability and Accountability Act* of 1996 (HIPAA), we are required to supply you with a copy of our privacy policies and procedures. We encourage you to read this document carefully, for it outlines the use and limitations of the disclosure of your health information and your rights as a patient/guardian. If you ever have any questions or concerns regarding the use or dissemination of your personal health information, we would be happy to address them.

I acknowledge that I have received a copy of Livin' Well Family Chiropractic's *Notice of Privacy Practices for Protected Health Information*.

Patient Name Printed

Date

Patient Signature

LWFC Representative

Guardian Name Printed

Guardian Signature

LWFC Representative

**Livin' Well Family Chiropractic
Dr. Marley Smith DC & Dr. Heather Smith DC
1122 Logan Avenue
Cheyenne WY 82001**