

# Optimal Health Chiropractic NOTICE OF PRIVACY PRACTICE

This office is required to notify you in writing that, by law, we must maintain the privacy and confidentiality of your **Personal Health Information**. In addition, we must provide you with written notice concerning your rights to gain access to your health information and the potential circumstances under which, by law or as **dictated by our office policy**, we are permitted to disclose information about you to a third party without your authorization. Below is a summary of these circumstances. If you would like a more detailed explanation, one will be provided to you and can be found on our website ([www.optimalhealthchiropractic.com](http://www.optimalhealthchiropractic.com)). In addition, you will find we have placed a copy in a report folder labeled 'HIPAA' in the reception area. Once you have read this notice, please sign the **ACKNOWLEDGEMENT OF RECEIPT OF HIPAA PRIVACY NOTICE** and return it with paperwork to our front desk receptionist. Keep these 2 page for your records.

## PERMITTED DISCLOSURES:

1. Treatment purposes- discussion with other health care providers involved in your care.
2. Inadvertent disclosures—An open treatment area means open discussion. If you need to speak privately to the doctor, please let our staff know so we can place you in a private consultation room.
3. For payment purposes - to obtain payment from your insurance company or any other collateral source.
4. For worker's compensation purposes- to process a claim or aid in investigation.
5. Emergency- in the event of a medical emergency, we may notify a family member.
6. For Public health and safety - in order to prevent or lessen a serious or imminent threat to the health or safety of a person or general public.
7. To Government agencies or Law enforcement – to identify or locate a suspect, fugitive, material witness or missing person.
8. For military, national security, prisoner, and government benefit purposes.
9. Deceased persons –discussion with coroners and medical examiners in the event of a patient's death.
10. Telephone calls, text, emails and appointment reminders—We may contact you and leave messages regarding a missed appointment or inform you of changes in practice hours or upcoming events.
11. Change of ownership—In the event this practice is sold, the new owners would have access to your PHI.

## YOUR RIGHTS:

1. To receive an accounting of disclosures
2. To receive a paper copy of the comprehensive "Detail" Privacy Notice
3. To request mailings to an address different than the residence
4. To request Restrictions on certain uses and disclosures and with whom we release information to, although we are not required to comply. If, however, we agree, the restriction will be in place until written notice of your intent to remove the restriction.
5. To request amendments to information. However, like restrictions, we are not required to agree to them.
6. To inspect your records and receive one copy of your records at no charge, with notice in advance (72 hours)
7. **X-rays** are original records and you are therefore not entitled to them. Our office can make copies of your x-rays with required notice of 72 hours. There may be an additional fee that you would be responsible for.

## Uses and Disclosures of Protected Health Information That May Be Made Only With Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

### 1. Confidentiality of Reproductive Health Information:

Our practice is committed to protecting the privacy and confidentiality of your reproductive health information. This includes information related to fertility treatments, prenatal care, contraception counseling, and abortion services. We have implemented strict safeguards to ensure that your reproductive health data is always kept secure and confidential.

### 2. Access to Reproductive Health Records:

You have the right to access and obtain copies of your reproductive health records maintained by our practice. These records will only be released after obtaining a specific and separate release of reproductive rights protected information signed by the patient, except where required by law. If you wish to review or receive a copy of your fertility treatment history, prenatal care notes, contraception counseling records, or abortion services documentation, please contact our privacy officer to initiate the special request and authorization for such.

### 3. Non-Discrimination and Respect for Reproductive Choices:

Our practice upholds a policy of non-discrimination. We respect and support your reproductive choices, regardless of factors such as age, gender identity, sexual orientation, marital status, or individual preferences. Your reproductive health records will be honored and respected by our healthcare team.

### 4. Disclosure of Reproductive Health Information:

We will only disclose your reproductive health information to authorized individuals or entities as permitted by law and with your explicit consent. Your reproductive health data will not be shared with third parties without your permission. We require a special authorization, above and beyond a simple standard release form, to release any reproductive care documentation, except in cases where disclosure is required by law or for purposes of treatment, payment, or healthcare operations.

You may revoke any of these authorizations, at any time, in writing, except to the extent that your doctor or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Appointment Reminders:** This office uses texting, email, and phone to send appointment reminders to patients in advance of their appointments. We use the information you supply to us to contact you. The contact information will be limited and contain no highly sensitive information. There may be a risk that someone else other than the patient may hear or receive the message. If, at any time, you wish to opt out, please contact our office in writing.

**Recognition-** We like to recognize our patient's accomplishments in our office (internal only), such as Patient of the Week or Month. This is internal in our office only. We also recognize your birthday with a birthday text. Happy Birthday greetings during your office visit. We also send thank you letters to our patients. If a patient chooses to provide us with their testimonial, we will add it to "Our Patients" book. If you decide not to be recognized, you can opt out by writing.

### COMPLAINTS:

If you wish to make a formal complaint about how we handle your health information, please call Renae McKelvey at (843) 524-4325. If she is unavailable, you may make an appointment with our receptionist to see her within 72 hours or 3 working days. If you are still not satisfied with how this office handles your complaint, you can submit a formal complaint to: DHHS, Office for Civil Rights, 200 Independence Ave. SW, Room 509F HHH Bldg., Washington, DC 20201

## ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I have received a copy of **Optimal Health Chiropractic's** Patient Privacy Notice. I understand my rights as well as the practices duty to protect my health information and have conveyed my understanding of these rights and duties to the doctor. I further understand that this office reserves the right to amend this "Notice of Privacy Practice" at any time in the future and will make the new provisions effective for all information that maintains past and present.

I am aware that a more comprehensive version of this "Notice" is available to me and is kept in the reception area and on their website. At this time, I do not have any questions regarding my rights or any of the information I have received. By signing this page, I am acknowledging that I have read and kept the Privacy Practices Notice.

---

Patient

---

Signature

---

Date

---

### Office Use Only

**We attempted to obtain written Acknowledgment of receipt of our Notice of Privacy Practices, but Acknowledgment could not be obtained because:**

- Individual refused to sign
- Communications barriers prohibited obtaining the Acknowledgment
- An emergency situation prevented us from obtaining Acknowledgment
- Other (Please Specify) \_\_\_\_\_

---

Staff signature

---

Date