Waccamaw
Chiropractic & Wellness Center

## 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.

## OUR PLEDGE TO YOU

Waccamaw Chiropractic and Wellness Center ("WCWC") is dedicated to protecting your health information. We are legally required to do the following:

- Maintain the privacy and security of your protected health information ("PHI")
- Follow the duties and privacy practices described in this notice and give you a copy of it upon request
- Not use or share your health information other than as described here unless you tell us we can in writing. If you grant us permission, you may change your mind at any time. You must revoke authorization in writing by contacting or HIPAA Privacy Officer.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We will abide by the terms of this notice currently in effect at the time of disclosure. If you have any questions, please contact our HIPAA Privacy Officer.

## How We May Use and Disclose Health Information About You

The following categories describe ways that WCWC may use or disclose your personal health information.

**Treatment:** We may use your health information for your care or treatment or to refer you to another provider. Treatment examples include, but are not limited to, physical exams, x-rays, spinal manipulation, therapy modalities, referral to orthopedic physicians or other providers for treatment.

**Payment:** We may use your information to seek payment for our services from you or your insurer. Payment examples include but are not limited to, billing insurance companies for claims or coordinating benefits with other insurers or collection agencies.

**Healthcare Operations:** We may use and share your health information to run our practice, improve your care, and contact you when necessary. Healthcare operations include, but are not limited to: internal quality control, including auditing of records, business planning or seeking accounting and legal services, or having interns or other students and new staff observe or participate in your care as part of their training.

**Business Associates:** We may share your information with our contractor and vendors who need patient information to work on our behalf. Examples include dictation services, legal services, and billing services. Business Associates sign contracts with us that require them to protect our patients' protected health information.

**If Required by Law:** We will share your health information if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. WCWC will also provide information to federal or state agencies that oversee health care system operations or government benefit programs for audits, investigations, inspections, proceedings, or disciplinary actions.

658 Wachesaw Rd., Murrells Inlet, SC 29576
Phone (843) 357-9617 Fax (843) 357-9639
www.waccamawchiropractic.com

**Child and Adult Abuse, Neglect, or Exploitation:** We may submit your information to the appropriate authorities if our staff or providers suspect child or adult abuse, neglect, exploitation, or other domestic violence.

**Legal Proceedings and Law Enforcement/Government Purposes:** We may provide information in response to a court order, subpoena, or other legal requests. We may also disclose your information for certain law enforcement purposes, including for locating or identifying missing persons or suspects, crime victims, decedents, if there is a crime on WCWC property, or for a medical emergency. Certain government purposes may also allow us to release your information, including military/Veterans Administration, national security, Presidential protective services, or National Criminal Background Check purposes.

**To Avert a Serious Threat to Health or Safety:** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public if in line with ethical standards.

**Workers Compensation:** We can use or share your information for workers compensation purposes as allowed by South Carolina law.

**De-identified Health Information:** We may use your health information to create "de-identified" information that is not identifiable to any individual in accordance with HIPAA. We may also disclose your health information to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.

You may tell us specifically if you would like to allow the following disclosures. If you are not able to tell us your preference, in the case of an emergency, we may share your information if we believe it is in your best interest.

**Family, friends, and others:** We are permitted or required to use or disclose PHI without your consent or authorization in certain circumstances. Examples are public health requirements (community health surveillance or investigation), court orders, or subpoenas.

You may give us the names and contact information of any family members, friends, or others involved in your treatment that you would like to have access to your personal health information, billing, and/or appointment record. We will ask you for the name of the person(s) you wish to have access to your information during new patient procedures. We will keep their name(s) on file on your HIPAA Disclosure Permissions List. To obtain information by telephone, the person calling the practice must share at least two of your personal identifiers with the staff. We will verify that the party contacting the office is named on your HIPAA Disclosure Permissions List. You have the right to update your list of persons with access to your health information by signing a new HIPAA Disclosure Permissions List at any time.

We may release your information to disaster relief organizations to facilitate communications with your family, friends, and others involved in your care. We will seek your approval before doing so unless it interferes with the emergency response.

**Certain uses or disclosures always require your written authorization:**

**Marketing:** "Marketing" means a communication that encourages you to use a service or buy a product, including those where we receive payment from a third party for making the communication. Generally, if we do not receive payment from a third party, it is not considered marketing to send you (1) communications related to your treatment, care coordination/case management, or recommending alternative treatment, providers, or care settings; and (2) descriptions of a health-related product or service offered by WCWC and (3) promotional gifts or referral thank you gifts of nominal value. We do not engage in the type of marketing that requires your authorization, but if we do in the future, we will seek your authorization first. We will never sell your information for marketing by others.

We will send you notifications of new staff, new services, and other happenings at WCWC. Should you wish to opt out, you must contact the HIPAA Privacy Officer at the contact information below.

Any other use or disclosure not otherwise allowed under HIPAA, state law, and this notice requires an authorization. You may revoke any authorization you sign at any time in writing. If you revoke your authorization, we will not use or disclose information for the purposes covered by the authorization; however, we cannot take back any disclosures we have already made while the authorization was in effect.

## Your Rights Regarding Health Information About You

- You have the following rights with respect to information about you maintained by WCWC:
- The right to choose someone to act for you. If someone is your legal guarding or you have given someone medical power of attorney, that person may exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action, including by requesting copies of the applicable paperwork appointing this person as your medical POA.
- The right to access and get a copy of your health information. Although your medical record is the property of WCWC, you are entitled to receive a copy of your medical record at any time. Under HIPAA and South Carolina Law (SC. Code 44-115-80) we are allowed to charge a fee for your record. You must sign our written request form in order for WCWC to release your record to you or a third party that you designate. We have 30 days to provide records once you have submitted the necessary written request.
- Requests for completion of medical related forms, such as Disability or Family Medical Leave Act (FMLA) forms, require information from the patients record of visit but may also require the doctor to address specific questions directly. There is a fee for any form that is requested to be completed by the practice. Once the fee and signed Authorization for Release of Medical Records form (available from the front desk or on our website) have been received, the form(s) will be processed. Payment for forms is required in advance.
- The right to request amendments to your medical record, with certain limitations. You can ask us to correct health information about you that you think is incorrect or incomplete. You can contact us to find out how. We may not agree to your request, but we will tell you why within 60 days of receiving written request to change your medical record.
- The right to confidential communications. You can ask us to send confidential communications by alternative means, such as fax, or to alternative locations. Such request must be in writing, and we must accommodate all reasonable requests.
- The right to request limitations on how information is shared. You can request reasonable restrictions as to how your health information may be used or disclosed to carry out treatment, payment, or healthcare operations. Individuals who pay for their services out of pocket, in full, have the right to restrict disclosure of their PHI to their insurance plan if they wish. All requests must be in writing.
- The right to an accounting of certain disclosures of individually identifiable health information. We will include an account of all disclosures except for treatment, payment, and healthcare operations, as well as certain other disclosures such as those that you have asked us to make. We will provide one account per year free of charge but will charge a reasonable, cost-based fee if you ask for multiple lists within a 12 month period.
- The right to receive a copy of this notice. WCWC will provide you with a paper copy of the effective Privacy Notice at any time upon request, even if you have agreed to receive a copy electronically.
- The right to file a privacy complaint directly with WCWC, SC state, or with the federal government. If you are concerned that your privacy rights have been violated, or you disagree with a decision we made about access to your records, you may contact our HIPAA Privacy Officer at 843-357-9617.

  You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F HHH Bldg., Washington, D.C. 20201, or visiting www.hhs.gov.

  All complaints will be addressed by the HIPAA Privacy Officer. It is the policy of WCWC that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance.

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## Acknowledgement of Receipt of Notice of Privacy Practices

I understand and have been provided with a Notice of Information Practices which provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

1. The right to review the notice prior to signing this consent

2. The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations

3. The right to refuse to sign this acknowledgement

_____

Patient Signature Date

**For office use only:**

I attempted to obtain signed acknowledgement of Notice of Privacy Practices but was unable to do so as documented below:

Date: Staff Initials: Reason:

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