

STODDARD CHIROPRACTIC

NOTICE OF PRIVACY PRACTICES

Effective: June 7, 2018

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.

STODDARD CHIROPRACTIC wants you to know how we use and disclose your Protected Health Information ("PHI"). PHI is a technical term for your medical record and any other information that may identify you as a patient. If you have any questions about this Notice, or how we may use or disclose your PHI, please call or write to the contact person listed at the end of this Notice.

STODDARD CHIROPRACTIC may use or disclose your PHI for treatment, payment and health care operations. For example, if we refer to another health care provider for test or care, we will send relevant parts of your PHI to that provider. (This is disclosure for treatment). We will send a bill, which contains a description of the services provided, to your health insurer. (This is disclosure for payment). We may send PHI to an organization that is helping us improve our quality of service. (This is disclosure for health care operation).

There are some limited circumstances in which the law permits your PHI to be used or disclosed without your authorization. These include:

- Disclosures required by law
- Disclosures for public health activities
- Disclosures about victims of abuse
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement
- Organ, eye, or tissue donation
- Certain research uses where individual authorization is waived by the Institutional Review Board, as permitted in limited circumstance
- Specialized governmental functions (e.g., military, correctional institutions, etc.)

In some cases listed above, there may be more stringent laws which prevent the use or disclosure of PHI for these purposes (e.g., alcohol or drug abuse treatment records, HIV, etc.)

In some cases, PHI may not be used or disclosed without your written authorization. This includes the use/disclosure of psychotherapy notes, use of PHI for marketing purposes, and sale of PHI. In addition, other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke an authorization for use or disclosure of PHI at any time.

We may contact you by mail, telephone, or email. We may leave voice messages at the telephone number you provide us with. We may mail documents to the address you provided and contact you at your email address.

Our office maintains an "open office" layout, with the exception of the examination room and there is the possibility that conversations can and will be overheard by other patients and staff in the office. The examination room and doctor's private office are available for use for private matters and concerns.

Please see other side

You have certain rights with respect to your PHI. These include:

- You have a right to request restrictions on how we may use or disclose your PHI. We are not required to agree to a restriction you may request, except that if you ask us not to send PHI to your health insurer for an item of service when you have paid the full cost of that item or service out of pocket, we must comply with this request.
- You have the right to request that we communicate with you in a confidential manner, such as calling a specific phone number.
- You have the right to inspect and copy your PHI. For any part of your record that we maintain electronically, you have the right to request an electronic copy.
- You have a right to receive a paper copy of this Notice.

We are required by law to maintain the privacy of PHI, to provide patients with notice of our legal duties and our privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of our notice and make the new notice effective for all PHI that we maintain. If we change our privacy practices, we must make changes to this Notice and make the amended notice available to our patients at registration.

If you believe your privacy rights have been violated, you have a right to complain to STODDARD CHIROPRACTIC and to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by writing to or calling the contact person listed below. We will not retaliate against you for filing a complaint about our privacy practices.

Contact person:

Charlene R. Stoddard, DC, CCSP
1025 Ironwood Drive, Suite 2
Coeur d Alene, ID 83814
(208)667-0875