

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.

TOEWS CHIROPRACTIC, P.C. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at TOEWS CHIROPRACTIC, P.C. please contact: Mark A. Toews, D.C., 1225 N. Perkins Road Suite A, Stillwater, OK 74075, 405 372-3733.

Effective Date of This Notice: 4/14/2003

I. How TOEWS CHIROPRACTIC, P.C. may Use or Disclose Your Health Information

TOEWS CHIROPRACTIC, P.C. collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of TOEWS CHIROPRACTIC P.C., but the information in the medical record belongs to you. TOEWS CHIROPRACTIC, P.C. protects the privacy of your health information. The law permits TOEWS CHIROPRACTIC, P.C. to use or disclose your health information for the following purposes:

1. Treatment. This clinic will use and disclose your protected health information to provide, coordinate, or manage your health care and any related service. This includes the coordination and management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure the physician has necessary information to diagnosis and treat you.
2. Payment. Your protected health information will be used, as needed to obtain payment for your health care services. For example, obtaining benefits may require protected health information be disclosed to your health plan.
3. Regular Health Care Operations. We may use and disclose, as needed, your protected health information in order to support the business activities of this clinic. These activities include, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may use or disclose your protected health information as necessary to contact you and remind you of your appointment. We may call you by name in the waiting room.
4. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
5. Required by law. As required by law, we may use and disclose your health information.
6. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
7. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
8. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
9. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
10. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
11. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
12. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or this organization's privacy board.
13. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
14. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

15. Reminders/Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
16. Charitable Causes/Fund-raising. We may contact you to participate in fund-raising activities for a charity such as church, school, FFA, athletic events.
17. Change of Ownership. In the event that this clinic is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When TOEWS CHIROPRACTIC, P.C. May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, **TOEWS CHIROPRACTIC, P.C.** will not use or disclose your health information without your written authorization. If you do authorize **TOEWS CHIROPRACTIC, P.C.** to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. **TOEWS CHIROPRACTIC, P.C.** is not required to agree to the restriction that you requested.
 2. You have the right to receive your health information through a reasonable alternative means or at an alternative location.
 3. You have the right to inspect and copy your health information.
 4. You have a right to request that **TOEWS CHIROPRACTIC, P.C.** amend your health information that is incorrect or incomplete. **TOEWS CHIROPRACTIC, P.C.** is not required to change your health information and will provide you with information about **TOEWS CHIROPRACTIC, P.C.** denial and how you can disagree with the denial.
 5. You have a right to receive an accounting of disclosures of your health information made by **TOEWS CHIROPRACTIC, P.C.**, except that **TOEWS CHIROPRACTIC, P.C.** does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 5 (directory listings) of section I of this Notice of Privacy Practices.
 6. You have a right to a paper copy of this Notice of Privacy Practices.
- If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact Mark A. Toews, D.C.

IV. Changes to this Notice of Privacy Practices

TOEWS CHIROPRACTIC, P.C. reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, **TOEWS CHIROPRACTIC, P.C.** is required by law to comply with this Notice.

V. Complaints

Complaints about this Notice of Privacy Practices or how **TOEWS CHIROPRACTIC, P.C.** handles your health information should be directed to: Mark A. Toews, D.C.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.