



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.

Maestro Chiropractic & Rehab is required by law to maintain the privacy and confidentiality of your protected health information (PHI) and to provide our patient with notice of our legal duties and privacy practices with respect to your PHI.

DISCLOSURE OF YOUR HEALTHCARE INFORMATION

We may use and/or disclose your PHI for the purposes of:

1. Treatment – In order to provide you with the health care you require, we will provide your PHI to those health care professionals, whether on our staff or not, directly involved in your care so that they may understand your health condition and needs.
2. Your PHI will be reviewed by our staffs who are involved in the administration of patient care.
3. Payment – In order to get paid for services provided to you, we will provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements.
4. Health Care Operations – In order for us to operate in accordance with applicable law and insurance requirements and in order for us to continue to provide quality and efficient care, it may be necessary for us to compile, use and/or disclose your PHI.

We may use and/or disclose your PHI, without a written Consent from you, in the following additional instances:

1. De-identified Information – Information that does not identify you and, even without your name, cannot be used to identify you.
2. Business Associate – To a business associate if we obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists us in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.
3. Personal Representative – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. Emergency Situations -
 - (i) for the purpose of obtaining or rendering emergency treatment to you provided that we attempt to obtain your Consent as soon as possible; or
 - (ii) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.
5. Communication Barriers – If, due to substantial communication barriers or inability to communicate, we have been unable to obtain your Consent and we determine, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.
6. Public Health Activities – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease and that does not identify you and, even without your name, cannot be used to identify you.
7. Abuse, Neglect or Domestic Violence – To a government authority if we are required by law to make such disclosure. If we are authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.
8. Health Oversight Activities – Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.
9. Judicial and Administrative Proceeding – For example, we may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
10. Law Enforcement Purposes – In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, we may disclose your PHI if we believe that your death was the result of criminal conduct.



11. Coroner or Medical Examiner – We may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.
12. Organ, Eye or Tissue Donation – If you are an organ donor, we may disclose your PHI to the entity to whom you have agreed to donate your organs.
13. Research – If we are involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI and that does not identify you and, even without your name, cannot be used to identify you.
14. Avert a Threat to Health or Safety – We may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
15. Workers' Compensation – If you are involved in a Workers' Compensation claim, we may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

Appointment Reminders

- Your health care provider or a staff member may disclose your health information to contact you to provide appointment reminders. If you are not at home to receive an appointment reminder, a message will be left on your answering machine, voice mail, or with the person who answers the call.
- You have the right to refuse us authorization to contact you to provide appointment reminders. If you refuse us authorization, it will not affect the treatment we provide to you.

Family/Friends

We may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care unless you direct us to the contrary. We may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

- (a) If you are present at or prior to the use or disclosure of your PHI, we may use or disclose your PHI if you agree, or if the Health Center can reasonably infer from the circumstances, based on the exercise of its professional judgment that you do not object to the use or disclosure.
- (b) If you are not present, we will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

Faxing and/or E-mailing

We may fax and/or e-mail your PHI. All faxed and/or e-mailed information will contain a confidentiality statement and instructions for returning misdirected information.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only 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.

Restrictions

You may request restrictions on certain use and/or disclosure of your PHI as provided by law. However, we are not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request us. In your written request, you must inform us of what information you want to limit, whether you want to limit our use or disclosure, or both, and to whom you want the limits to apply. If we agree to your request, we will comply with your request unless the information is needed in order to provide you with emergency treatment.

You Have a Right to:

1. Inspect and obtain a copy your PHI as provided by 45 CFR 164.524. To inspect and copy your PHI, you are requested to submit a written request. We may charge you a fee for the cost of copying, mailing or other supplies associated with your request.



2. Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing. We will accommodate all reasonable requests.
 3. Prohibit report of any test, examination or treatment to your health plan or anyone else for which you pay in cash or by credit card.
 4. Receive an accounting of disclosures of your PHI as provided by 45 CFR 164.528. The request should indicate in what form you want the list (such as a paper or electronic copy).
 5. Receive a paper copy of this Notice of Privacy Practices from us upon request.
 6. Request copies of your PHI in electronic format if this office maintains your records in that format. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
 7. Amend your PHI as provided by 45 CFR 164.528. To request an amendment, you must submit a written request. You must provide a reason that supports your request. We may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by us (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by us, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with our denial, you will have the right to submit a written statement of disagreement.
 8. Receive notice of any breach of confidentiality of your PHI.
 9. Complain to Maestro Chiropractic & Rehab or to the:
Office of Civil Rights, U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Tel: 202-619-0257
Email: ocrmail@hhs.gov
- if you believe your privacy rights have been violated. To file a complaint with Maestro Chiropractic & Rehab, you must contact us at:
Maestro Chiropractic & Rehab
2949 Swede Rd.
East Norriton, PA 19401
Tel: 610-270-8888
- All complaints must be in writing.

OUR RESPONSIBILITIES

Maestro Chiropractic & Rehab

- Is required by federal law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices detailing our legal duties and privacy with respect to your PHI.
- Is required to abide by the terms of this Notice of Privacy Practices.
- Reserves the right to change the terms of this Notice of Privacy Practices and to make the new Notice of Privacy Practices provisions effective for your entire PHI that it maintains.
- Will distribute any revised Notice of Privacy Practices to you prior to implementation.
- Will not retaliate against you for filing a complaint.

This notice is effective as of December, 2013.

I acknowledge that I was provided a copy of the Notice of Privacy Health Centers and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Health Centers. I understand that this form will be placed in my patient chart and maintained for six years.