



# NOTICE OF PRIVACY PRACTICES

## **Mager Chiropractic Center is committed to protecting your personal health information as enacted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).**

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. It is effective APRIL 14, 2003, and applies to all protected health information contained in your health records maintained by us. We have the following duties regarding the maintenance, use and disclosure of your health records.

- We are required by law to maintain the privacy of the protected health information in your records and to provide you with the Notice of our legal duties and privacy practices with respect to that information.
- We are required to abide by the terms of this Notice currently in effect.
- We reserve the right to change the terms of this Notice at any time, making the new provisions effective for all health information and records that we have and continue to maintain. All changes in this Notice will be prominently displayed and available at our office.

In the course of your care as a patient at Mager Chiropractic Center, we may use or disclose personal and health related information about you in the following ways:

\*Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

\*We may need to use or disclose information in your health record to obtain reimbursement from you, from your health insurance carrier or from another insurer for our services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement. This information may also be used for billing, claims management and collection purposes and related healthcare data processing through our system.

\*Your name, address, phone number and your health care records may be used to contact you regarding appointment reminders, to provide information about alternatives to your present care, or to other health related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message may be left on your answering machine. We will not use your health information for marketing communications without your prior written authorization. We may provide you with information regarding products or services that we offer related to your healthcare needs.

Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with the authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

There are certain circumstances under which we may use or disclose your health information **without first obtaining your Acknowledgement or Authorization**. Those circumstances generally involve public health and oversight activities, law-enforcement activities, judicial and administrative proceedings and in the event of death. Specifically, we may be required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases or HIV/AIDS status. We may also be required to report instances of suspected or documented abuse, neglect or domestic violence. We are required to report to appropriate agencies and law-enforcement officials information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. We must also provide health information when ordered by a court of law to do so or in response to a subpoena or other lawful process once we have met all administrative requirements of the HIPAA Privacy Rule. Under certain conditions we may disclose your protected health information to law enforcement officials as required by law or it is necessary to locate or identify a suspect, fugitive, material witness or missing person.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances. We may use or disclose your protected health information in an emergency treatment situation. If this happens we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we are required by law or as a matter of necessity to treat you, and we have attempted to obtain your consent but have been unable to obtain your consent, we may still use or disclose your protected health information.

Except as indicated above, your health information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to information concerning mental-health treatment, drug and alcohol abuse, HIV/AIDS or sexually transmitted diseases that may be contained in your health records. We likewise will not disclose your health-record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization.

Following is a description of **your rights with respect to your protected health information**.

- You may request that we restrict the uses and disclosures of your health record information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, will comply with it, except with regard to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.
- You have a right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location. If you require such an accommodation, you may be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.
- You have the right to inspect, copy and request amendments to your health records. Access to your health records will not include information compiled in anticipation of or for use in a civil, criminal or administrative actions or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage and preparation or an explanation or summary of the information.
- All requests for inspection, copying and/or amending information in your health records, and all requests related to your rights under this Notice, must be made in writing and addressed the Privacy Office at our address. We will respond to your request in a timely fashion.
- You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your health information except for disclosures required for treatment, payment and healthcare operations, disclosures that require authorization, disclosure incidental to another permissible use or disclosure and otherwise allowed by law.

You may file a written complaint to us or the Secretary of Health and Human services if you believe that your privacy rights with respect to confidential information in your health records have been violated. All complaints must be in writing and must be addressed to the Privacy Office (in the case of complaints to us) or to the person designated by the U.S. Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint.

All questions concerning this notice or requests pursuant to it should be addressed to the Privacy Office at Mager Chiropractic Center during normal business hours. The phone number is (412) 341-3332.

Furthermore, all Mager Chiropractic Center employees agree to abide by the Mager Chiropractic Confidentiality Policy.

**I have read the privacy notice and understand my rights contained in this notice.**

By way of my signature, I provide Mager Chiropractic Center and Dr. James J. Mager with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health-care operations as described in the privacy notice.

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Patient's Name (PRINT)

\_\_\_\_\_  
Patient's Signature or Parent's signature  
if patient is under age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Faculty Signature

\_\_\_\_\_  
Date