

**Gardiner Family Chiropractic, P.C.**  
**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.

Gardiner Family Chiropractic, P.C. is committed to maintaining the privacy of your **PROTECTED HEALTH INFORMATION (“PHI”)**. PHI includes information about your health condition and the care and treatment you receive from us. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. We are required by law to maintain the privacy of PHI and to provide our patients with notice of our legal duties and privacy practices with respect to PHI.

**PERMITTED DISCLOSURES**

We are permitted by law to use and disclose your PHI for the following purposes:

**Treatment** – In order to provide you with the health care you require, we will provide your PHI to other health care professionals directly involved in your care so that they may understand your health condition and needs. For example, a physician treating you for lower back pain may need to know the results of your latest examination in this office.

**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 payors, according to their billing and payment requirements. For example, we may need to provide the Medicare program with information about health care services you received from us so that we can be properly paid. We may also need to tell your insurance company about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.

**Health Care Operations** – In order for us to operate in accordance with applicable law and insurance requirements and to continue to provide quality and efficient care, it may be necessary for us to compile, use and/or disclose your PHI. For example, we and any health plans involved with your care may use your PHI in order to evaluate the performance of our personnel in providing care to you.

**Appointment Reminders** – It is our practice to contact you to provide appointment reminders. We use the following appointment reminders: a) a postcard mailed to you at the address provided by you; and b) telephoning your home and/or work and leaving a message on your answering machine or with an individual answering the phone.

**Directory/Sign-In Log** – We maintain a directory of and sign-in log for individuals seeking care and treatment in the office. The directory and sign-in log are located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within our office. This information may be seen by, and is accessible to, others who are seeking care or services in our offices.

**Family Notification** – We may disclose your PHI to your family member, other relatives, a close personal friend, or any person designated by you, to the extent that person is involved with your care or the payment for your care.

**Workers' Compensation** – We may disclose your PHI as necessary to comply with State Workers' Compensation Laws.

**Emergencies** – We may disclose your PHI to notify or assist in notifying a family member or another person responsible for your care about your medical condition or in the event of an emergency or your death.

**Public Health** – As required by law, we may disclose your PHI 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.

**Judicial and Administrative Proceedings** – We may disclose your PHI in the course of any administrative or judicial proceeding in response to a court order or a lawfully issued subpoena.

**Law Enforcement** – We may disclose your PHI 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.

**Deceased Persons** – We may disclose your PHI to coroners or medical examiners.

**Organ Donation** – We may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

**Research** – We may disclose your PHI to researchers conducting research that has been approved by an Institutional Review Board.

**Public Safety** – It may be necessary to disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**Specialized Government Agencies** – We may disclose your PHI for military, national security, prisoner and government benefits purposes.

**Business Associates** – We may disclose your PHI to a business associate that has provided us with satisfactory written assurance that it will properly safeguard any PHI we provide. A business associate is an entity that assists us with some essential function, such as a billing company that assists us with submitting claims for payment to insurance companies or other payors.

**De-identified Information** – We may disclose information that does not identify you by name or by any other potential identifier.

## **AUTHORIZATION**

Any other uses and disclosures of your PHI by us will only be made with your written authorization. You may revoke your authorization in writing and we are required to honor and abide by your request with regard to our handling of your PHI after the date we have received your request.

I give Gardiner Family Chiropractic permission to discuss the following information with:

Name	Relationship to Patient
___ My care schedule including verifying/ rescheduling my appointments	
___ My billing / insurance information	
___ Information regarding conditions I am being treated for in the office	

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___ My care schedule including verifying/ rescheduling my appointments	
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### YOUR RIGHTS

You have the following rights, which you can exercise by presenting a written request to our Privacy Officer, Jennifer Basford.

- You have the right to request restrictions on certain uses and disclosures of your PHI. Please be advised, however, that we are not required to agree to a requested restriction.
- You have the right to request that communications regarding your PHI be received or sent by an alternative method and/or sent to an alternative location than is our normal practice. We will accommodate all reasonable requests.
- You have the right to inspect and copy your PHI. We may charge a reasonable fee to copy any records you have requested.
- You have the right to request that we amend your PHI. Please be advised, however, that we are not required to amend your PHI. We will provide an explanation to you in writing if we decline to amend PHI as you have requested.
- You have the right to receive an accounting of any disclosures of your PHI made by our office.
- You have the right to request a paper copy of this notice.
- You have the right to complain to us about our handling of your PHI. If you are not satisfied with our handling of your complaint, you may complain to the Secretary of the federal Department of Health and Human Services.

**This notice is effective as of April 14, 2003.** Gardiner Family Chiropractic, P.C. reserves the right to change the terms of this Privacy Notice and to make the new terms applicable to your PHI so long as we have provided you with advance notice of our revised Privacy Notice and have obtained your signature accepting its terms

I have received and reviewed this Privacy Notice, have had any questions I may have about it explained to my satisfaction and understand my rights as set forth in this notice.

\_\_\_\_\_  
(Patient Name – Please Print)

\_\_\_\_\_  
(Signature of Patient or Legally Authorized Representative)    (Relationship to Patient)    (Date)