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Effective: April 14, 2003

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us electronically, on paper, or orally, to be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have written this explanation of how we are required to maintain the privacy of you health information and how we may use and disclose you health information.

Without written authorization, we are permitted to use and disclose your health care records for the use of treatment, payment, and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples include adjustments, therapy, x rays, etc.

Payment means activities such as obtaining reimbursement for services, confirming coverage, billing and collection activities, and utilization reviews. An example of this is billing your health insurance for your chiropractic care.

Health Care Operations include the business aspects of running our office, such as conducting quality assessments and improvement activities, audits, cost-management analysis, and customer service. An example would include a quarterly assessment of our documentation procedures.

Your confidential information may be released to friends or family that are directly involved in your care or who assist in taking care of you. We will use and disclose your protected health information when we are required to do so by federal, state, or local law. We may use and disclose your Protected Health Information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose your protected health information if you are a member of the US or foreign military (including veterans) and if required by the appropriate authorities. We may disclose your Protected

Information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care services to you. We may release your protected health information for workers' compensation.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions on your authorization.

You have certain rights with regards to your protected health information, which you can exercise by presenting a written request to our Privacy officer at the address listed above.

1. The right to request restrictions on certain uses and disclosures of protected health information. We are not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it until you remove it in writing.
2. The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
3. The right to access, inspect, and copy your protected health information.
4. The right to request an amendment to your protected health information.
5. The right to receive a list of disclosures of protected health information outside of treatment, payment, and health care operations.
6. The right to obtain a paper copy of this notice from us upon request.

We are required, by law, to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of our Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the revised notice from this office.

You have the right to file a formal written complaint with us to the address below. You may also file one with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our privacy practices, please contact:

Office Manager
Drees Family & Sports Chiropractic
214 West Salem Ave
Indianola, IA 50125
(515) 961-5202

For more information about HIPAA or to file a complaint:

The US Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, D.C. 20201
877-696-6775

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