

**NOTICE OR PRIVACY PRACTICES**  
**As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

- A. **OUR COMMITMENT TO YOUR PRIVACY** - Our practice is dedicated to maintaining the privacy of your Individually Identifiable Health Information (IIHI). In conducting our business, we will create records regarding you and the treatment of services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at that time.

**We realize that these laws may be complicated, but we must provide you with the following important information:**

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will always post a copy of our current Notice in our offices in visible location, and you may request a copy of our most current Notice at any time

- B. **IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**Be Well Chiropractic, Health and Wellness at 2299 Brodhead Rd, Ste O, Bethlehem, PA 18020 at 610-317-9355.**

- C. **WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS.**

- a. **Treatment.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice, including but not limited to, our doctors and nurses, may use or disclose your IIHI in treating you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.
- b. **Payment.** Our practice may use and disclose your IIHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other healthcare providers and entities to assist in their billing and collection efforts.
- c. **Healthcare Operations.** Our practice may use and disclose your IIHI to operate our business. As an example, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other healthcare providers and entities to assist in their healthcare operations.
- d. **Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment. We may also use your IIHI to contact you to inform you of test results. We may leave the results of certain tests on your answering machine but will do so only if your message identifies your name or telephone number.
- e. **Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives
- f. **Health-Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
- g. **Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
- h. **Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by deferral, state, or local law.

**D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury, or disability
  - Notifying a person regarding a potential exposure of a communicable disease
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition

- Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a product or device they may be using has been recalled; notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose the information
  - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
2. **Health Oversight Activities.** Our practice may disclose your IHI to a health oversight agency for activities authorized by law. Oversight activities include, for example, compliance investigations, inspections, audits, surveys, licensure and disciplinary actions; Civil, administrative, and criminal procedures or actions; Or other activities necessary for the government to monitor government programs, compliance with civil right laws and health care system in general.
  3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IHI in response to a court or administrative order if you are involved in a lawsuit or similar proceedings. We also may disclose your IHI in response to a discovery request, subpoena quantity, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
  4. **Law Enforcement.** We may release IHI if asked to do so by law enforcement official:
    - a. Regarding a crime victim in certain situations if we are unable to obtain the persons agreement
    - b. Concerning a death, we believe has resulted from criminal conduct
    - c. Regarding criminal conduct at our offices.
    - d. In response to a warrant, summons, court order, subpoena, or similar legal process
    - e. To identify or locate a suspect, material witness, fugitive, or missing person.
    - f. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator)
  5. **Deceased Patients.** Our practice may release IHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information to for funeral directors to perform their jobs.
  6. **Organ and Tissue Donation.** Our practice may release your IHI to organizations that handle organ, eye, or tissue procurement or transplantation, including window nation banks as necessary to facilitate organ or tissue donation and transportation if you are an organ donor.
  7. **Research.** Our practice may use and disclose your IHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy identifiers at the earliest opportunity consist with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and (C) adequate written assurances that the PHI will not be re used or disclosed to any person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not be conducted the access to or the use of the PHI.
  8. **Serious Threats to Health or Safety.** Our practice may use or disclose your IHI 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.
  9. **Military.** Our practice may disclose your IHI if you are a member of the US or foreign forces (including veterans) and if required by appropriate authorities
  10. **National Security.** Our practice may disclose your IHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IHI to federal officials to order to protect the President, other officials, or foreign heads of state, or to conduct investigations.
  11. **Inmates.** Our practice may disclose your IHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement official. Disclosure of these purposes would be necessary; a) for the institution to provide health care services to you, b) for the safety and security of the institution, and/or c) to protect your health and safety or the health and safety of other individuals.
  12. **Workers Compensation.** Our practice may release your IHI for workers' compensation and similar programs.

**E. YOUR RIGHTS REGARDING YOUR IHI:** You have the following rights regarding the IHI that we maintain about you.

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner at a certain location. For instance, you might ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to **Be Well Chiropractic, Health and Wellness, 2299 Broadhead Rd, Ste O, Bethlehem, PA 18020** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IHI to only certain individuals involved in your care for the payment of your care, such as family members or friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction in our use or disclosure of your IHI, you must make your request in writing to **Be Well Chiropractic, Health and Wellness, 2299 Brodhead Road, Suite O, Bethlehem, PA 18020**. Your request

must describe in a clear and concise fashion: (a) the information you wish restricted, (b) whether you are requesting to limit our practices use, disclosure or both; and (c) to whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. We must submit your request in writing to **Be Well Chiropractic, Health and Wellness, 2299 Brodhead Rd Ste O, Bethlehem, PA 18020** to inspect and or obtain a copy of your IIHI. Our practice may charge a fee for the cost of copying, mailing, labor, and supplies associated with the request. Our practice may deny your request to inspect and or copy in certain limited circumstances; however, you may request a review of our dent denial. Another licensed health care professional chosen by us will conduct the reviews.
4. **Amendment.** You may ask us to amend your health information if you believe it's incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for a practice period to request an amendment, he request must be made in writing and submitted to **Be Well Chiropractic, Health and Wellness 2299 Brodhead Rd, Suite O, Bethlehem PA 18020**. You must provide us with the reason that supports your request for an amendment practice will deny your request if you failed to submit your request and the reason supporting your request in writing also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete, (b) not part of the IIHI kept by or for the practice, (c) not part of the IIHI which you would be permitted to inspect and copy, (d) or not created by a practice comma unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All our patients have the right to request an "accounting of disclosures". An "accounting of disclosure is a list of certain non-routine disclosures our practice has made of your IIHI for non-payment of non-operations purposes you said your IIHI as part of the routine patient care in our practice is not required to be documented; for example, doctor sharing information with the nurse; Or the billing Department using your information to file your insurance claim. To obtain it counting of disclosures, you must submit your request in writing to **Be Well Chiropractic, Health and Wellness 2299 Brodhead Rd, Suite O, Bethlehem PA 18020**. All request for an "accounting of disclosures" must state a period, which may not be longer than six (6) years from the date of the disclosure it may not include dates before April 14th, 2003. The first list you request within a 12-month period free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the cost involved with additional request, and you may withdraw your request before you incur any cost.
6. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Be Well Chiropractic, Health and Wellness 2299 Brodhead Rd, Suite O, Bethlehem PA 18020**.
7. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with this secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Be Well Chiropractic, Health and Wellness 2299 Brodhead Rd, Suite O, Bethlehem PA 18020**. This must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us we currently use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclosure IIHI for the reasons described in the authorization. Please note, we are not required to retain records of your care.

Again, if you have any questions regarding this notice for our health information privacy policies, please contact **Be Well Chiropractic, Health and Wellness 2299 Brodhead Rd, Suite O, Bethlehem PA 18020**.