



This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

### **Notice of Privacy Practices**

We care about our patient's privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information and this practice is required by law to maintain the privacy of that information.

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please come and ask!

### **Who will follow this notice?**

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice. All business associates (i.e., a medical billing clearing house), sites and location of this practice may share medical information with each other for treatment, payment purposes or health care operations as stated in this Notice, Except where treatment is involved, only the minimum necessary information needed to accomplish this will task will shared.

### **How We May Disclose Medical Information About You**

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies or sports injuries or surgeries that could influence our treatment process.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment collected from protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

**For Health Care Operations.** We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

### **Other Uses or Disclosures That Can Be Made Without Your Consent or Authorization**

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To worker's compensation or similar programs for processing of claims.
- In response to a legal proceeding.
- To a coroner or medical examiner for identification of a body.
- If an inmate, to the correctional institution or law enforcement official.
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers' treatment activities
- Other covered entities' and providers' payment activities
- Other covered entities' healthcare operations (to the extent permitted under HIPPA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities
- Other public health activities

We may contact you to provide appointment reminders or information about treatment and other health related benefits and services that may be of interest to you.

### **Uses and Disclosures of Protected Health Information Requiring Your Written Authorization**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization and we are required to retain records of the care we have provided you.

### **Your individual Rights Regarding:**

#### Disclosures and Changes to your Medical Information

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to someone who is involved in your care or the payment of your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing and include what information you want to limit.

**Right to an Accounting of Non-Standard Disclosures,** You have the right to request a list of the disclosures we made of medical information about you, once your written request is received. Your request must state the time period for which you want to receive a list of disclosures that is no longer than 6 years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, it must be made in writing and provide a reason that supports your request.

### **Your Access to Medical Information**

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include protected Health information to which access is prohibited by law. To inspect and copy medical records you must submit your request in writing.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. This also must be requested in writing.

**Right to Request Confidential Communications:** You have the right to request how we should send communications to you about medical matters and where you would like those communications sent. This request must also be in writing. We will accommodate all reasonable requests. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

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