

JERVISS FAMILY CHIROPRACTIC
718 S. Old Sevierville Pike, Ste. D.
Seymour, TN 37865

NOTICE OF PRIVACY PRACTICES

This information is made available on request by a patient

This notice describes how medical information related to you may be used and disclosed and how you may obtain this information. Please review it carefully. If you have any questions, please contact the Privacy Officer. This Notice of Practices describes how we may use and disclose your protected health information to provide treatment, receive payment or conduct health care operation. It also describes your rights to access this information. "Protected Health Information" is information that is obtained in the process of providing treatment and services to you. Such information may include demographic information, documentation of symptoms, examination and test results, diagnoses, treatment, insurance information and other information needed to treat and bill for services. Our office is required by law to abide by the terms of this Notice of Privacy Practices. This notice is maintained to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice applies to all of the records of your care generated by this office. We understand that your medical information is personal to you and our office is committed to protecting that information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following categories describe different ways that our office uses and discloses protected health information. Examples are given to better understand the process. These examples are not meant to be all-inclusive, but to describe the types of uses and disclosures that may be made by our office.

TREATMENT: Our office will use and disclose information to provide, coordinate and/or manage your health care and related services. This may include the sharing of information with referring doctors, members of your family caring for you, and other specialists needed in your treatment.

PAYMENT: Our office will use and disclose information about you for services and procedures so that they may be billed and collected from you, and insurance company, or any other third party. This may include health care information, treatment, procedures, x-rays, lab results, or any other related information. This may also be used for pre-determination of benefits prior to treatment, in order to determine insurance coverage.

HEALTH CARE OPERATIONS: Our office will use and disclose information about you in order to effectively coordinate our business activities and provide quality care to you. This may include reviewing our treatment and services to evaluate effectiveness, to make improvements in the care and services provided, and to conduct audits of records for quality assurance purposes.

APPOINTMENT AND RECALL REMINDERS: Our office asks that you sign in by writing your name at the Reception Desk on the "Sign-In" log on the day of your appointment. Our office may send a reminder card as an appointment reminder. Our office will contact you by phone, including leaving messages on an answering machine, or with members of the household that may answer the phone in order to contact you about a scheduled appointment, etc.

EMERGENCY SITUATIONS: Our office may disclose information to a public authority that is authorized by law to receive reports of abuse or neglect.

REQUIRED BY LAW: Our office may disclose information for enforcement purposes as required by law. Such as when required by a court order, or in felony prosecution, or to the extent an individual is in the custody of law enforcement.

FOOD AND DRUG ADMINISTRATION (FDA): Our office may disclose information relating to adverse events with respect to product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

PUBLIC HEALTH: Our office may disclose information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

ABUSE OR NEGLECT: Our office may disclose information to a public authority that is authorized by the law to receive reports of abuse or neglect.

WORKERS' COMPENSATION: If you are seeking compensation through workers' Compensation, our office may disclose information to comply with laws relating to Workers' Compensation.

CORONERS AND MEDICAL EXAMINERS: Our office may disclose medical information to a coroner or medical examiner for identification purposes, to determine the cause of death and for tissue donation purposes.

OTHER USES: Other uses and disclosure besides those identified in this notice will be only as otherwise authorized by law or with your written authorization, unless those uses can be reasonably inferred from the intended uses. If you have provided our office with written permission to use or disclose medical information about you, you may revoke that permission in writing at any time.

CHANGES TO THIS NOTICE: Our office reserves the right to change this notice at any time. Our office reserves the right to make the revised or changed notice effective for medical information we already have about you, as well as, any information we may receive from you in the future. Our office will have a current copy of this notice at the Reception Desk with the date of the last revision and effective date. You may request a copy each time you are in our office for care or services.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer of our office at (865)573-6500, or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing and all complaints will be investigated without repercussion to you. You will not be penalized for filing a complaint.

PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS OFFICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

You have the following rights regarding your protected health 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. This includes your own medical and billing records. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. To inspect and copy your medical records, you must submit your request in writing to the Privacy Officer. A fee may be charged for the cost of copying, mailing or other supplies needed to comply with your request. Our office may deny this request in some limited circumstances. If you are denied access, you may request that another licensed health care professional review this decision.

RIGHT TO AMMEND: If you feel that the medical information in your record is incorrect, you have the right to ask our office to amend the information. You have the right to request an amendment for as long as our office maintains your records. To request an amendment, your request must be in writing with supporting documentation, dated, signed by you and notarized. This request may be denied if you ask our office to amend information:

- (1) that it was not created by our office
- (2) that it is not part of the information kept by our office
- (3) that it is inaccurate or incomplete

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an "accounting of disclosures". This is a list of disclosures of your protected health information made to others, not including internal uses for care, payment, operations, information requested by you, nor information provided to family members/friends in the course of providing care for you. This request must be made in writing and must include a time period not longer than six (6) years back and may not include dates before June 19, 2009. Your request should indicate in what form you want the list (paper or electronic) and our office will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the medical information our office uses or discloses about you for treatment, payment or health care operations. You may also have the right to request a limit on the medical information our office discloses about you to someone who is involved in your care or the payment for your care. Our office is not required to agree to your request and may not be able to comply with your request. For example, if the request interferes with what the doctor believes is in your best interest or is required to be disclosed by law, the request may be denied. To request restrictions, you must submit your request in writing and indicate what information you want to limit and to whom you want the limits to apply (e.g. disclosures to your children, parents, spouse).

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that our office communicate with you about medical information in a certain way or at a certain location. For instance, you can ask that our office contact you only at home, only at work, by mail only, that no voice mail messages be left, etc. To request confidential communications, you must request in writing. You request must specify how or where you wish our office to contact you.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a copy of this notice. You may ask for a copy of this notice at any time.

EXTERNAL AND INTERNAL COMMUNICATIONS: Unless notified in writing, the following information may be sent to your residence: new patient letters, periodic newsletters, thank-you cards for referring new patients, other letters or e-mails to communicate a message from the doctor. Internal in the office your name may be placed on a thank-you board, photos or your testimonial story may also be displayed. You may request in writing to remove your name from our mailing list, or any or the above activities mentioned.

OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD

In addition to providing you your rights, the Federal Privacy Standard requires our office to:

- maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative and technical safeguards to protect the information.
- provide you with this notice as to our legal duties and privacy practices with respect to your health information
- abide by the terms of this notice
- train our personnel concerning privacy and confidentiality
- implement a sanctioned policy to discipline those who breach privacy/confidentiality policies
- mitigate any breach of privacy/confidentiality
- our office will not use or disclose your health information without your consent or authorization, except as described in this notice

This notice was published and becomes effective on June 19, 2009.

Date of last revision: June 19, 2009

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Print Name

Date

Signature