

CHIROPRACTIC CARE CENTER, LLC
Dr. Timothy L. Smykal
N96 W18743 County Line Rd., Suite E
Menomonee Falls, WI 53051

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received a copy of the Notice of Privacy Practices.

Name _____ Birthdate _____

Signature _____ Date _____

CHIROPRACTIC CARE CENTER, LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE TAKES EFFECT ON APRIL 14, 2003 AND REMAINS IN EFFECT UNTIL WE REPLACE IT.

OUR PLEDGE REGARDING HEALTH INFORMATION

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal and professional requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of health information.

OUR LEGAL DUTY

The law requires us to keep your health information private, give you this notice describing our legal duties, privacy practices and your rights regarding your health information and follow the terms of the notice that is now in effect.

We have the right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law and make the changes in our privacy practices and the new terms of our notice effective for all health information that we keep, including information previously created or received before the changes.

Before we make an important change in our privacy practice, we will change this notice and make the new notice available upon request.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following section describes different ways that we use and disclose health information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your health information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT: We may use health information about you to provide you with chiropractic treatment or services. We may disclose health information about you to doctors, chiropractic assistants, staff and other people who are taking care of you. We may also share health information about you to your other health care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your health information for payment purposes.

FOR HEALTH CARE OPERATIONS: We may use and disclose your health information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you. We may use your health information to contact you regarding your appointments, to send you information about our clinic or office events, or to share treatment options.

ADDITIONAL USES AND DISCLOSURES

In addition to using your health information for treatment, payment and health care operations, we may use and disclose health information for the following purposes.

FAMILY AND FRIENDS FOR CARE AND PAYMENT: Unless you request otherwise and in emergency situations, we may disclose information to your family members, relatives, close friends, or others who are helping care for you or helping you pay your health care bills.

DISASTER RELIEF: We may disclose your health information to organizations for the purpose of disaster relief efforts.

RESEARCH IN LIMITED CIRCUMSTANCES: Health information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of health information.

REQUIRED BY LAW: We may disclose your health information when required by law to do so.

MILITARY, NATIONAL SECURITY, LAW ENFORCEMENT CUSTODY: We may disclose your health information to the proper authorities so they may carry out their duties under the law. This applies if you were involved with the military, national security or intelligence activities. It also applies if you are in the custody of law enforcement officials or an inmate in a correctional institution.

PUBLIC HEALTH ACTIVITIES: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your health information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose your health information, if we believe you have been a victim of abuse or neglect, to a government authority if required or allowed by law, or if you agree to the disclosure.

WORKERS COMPENSATION: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

HEALTH OVERSIGHT ACTIVITIES: We may disclose health information to an agency providing health oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

LAW ENFORCEMENT: We may disclose your health information to law enforcement officials for specific purposes. For example when required by law to report certain injuries.

YOUR INDIVIDUAL RIGHTS

As a patient who receives health care services from Chiropractic Care Center, LLC, you have the right to:

Read and copy your health information. You have the right to read and obtain a copy of your health information. We may charge you a reasonable fee if you want a copy of your health information. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

Request to correct your health information. If you believe there is an error in your health information or something has been left out, you may ask us to correct the information. You must make the request in writing and give the reason why your health information should be changed. If we did not correct the information you believe is incorrect, or if we disagree with you and believe your health information is correct, we will deny your request. You may appeal to us in writing if we deny your request.

Request to restrict certain uses and disclosures of your information. You have the right to ask that we restrict how your health information is used or disclosed. Under the law, we are not required to agree to your request. In some cases, we may not be able to agree to your request because we do not have a way to tell everyone who would need to know about the restriction. There are other instances in which we are not required to agree with your request. We will inform you when we cannot find a way to carry out your request. You may request a restriction by discussing it with your doctor or staff member at the clinic where you have received treatment.

Receive information at a different place or by different means. You have the right to ask that we send information to you in different ways or at different places. For example, you may wish to receive statements at an address other than your home address. We will grant reasonable requests.

Receive a record of how we disclosed your health information. You have the right to ask us in writing for list of places or persons to whom your health information was disclosed during the past six years. This list will not include disclosures for treatment, payment, health care operations and other exceptions as specified above or disclosures that occurred prior to April 14, 2003.

Obtain a paper copy of this notice. Upon your request, you may at any time receive a paper copy of this notice. This notice is available at the front desk.

File a complaint. You have the right to file a complaint with us if you believe your privacy rights have been violated. To file a complaint, please call the clinic and speak to the doctor. You also have the right to complain to the United States Secretary of the Department of Health and Human Services. We will not take any action against you for filing a complaint.

Contact for Information, Questions, or Concerns

If you have questions or concerns about your privacy rights, these privacy related policies or the information in this notice, please contact the doctor or the office manager where you are receiving care.

This notice is effective on or after April 14, 2003, unless and until it is revised by Chiropractic Care Center, LLC.