

**Hoover Health & Wellness Center, Inc.  
G. Forrest Edwards, D.C., D.A.B.C.O.  
River Oaks Village  
3742 Lorna Road  
Hoover, Al 35216**

**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 READ THIS NOTICE CAREFULLY**

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

**OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your personal health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices that we maintain in our practice concerning your PHI.

We realize that these laws are complicated and will provide you with the following important information:

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

**We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operation.**

**Treatment / Options, Health-Related Benefits and Services**

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. Our practice may use and disclose your health information to inform you of potential treatment options or alternatives. An example of this would include referring you to a neurologist. Our practice may use your health information to treat you. For example, we may ask you to have laboratory tests (such as blood, tissue or urine tests), and we may use the results to help reach a diagnosis. Many of the people who work for our practice – including, but not limited to, our doctors, Chiropractic Assistants, and nurses – may use or disclose your health information in order to treat you or to assist others in your treatment. Additionally, we may also disclose your health information to other health care providers for purposes related to your treatment. Our practice may use and disclose your health information to inform you of health related benefits or services that may be of interest to you.

### **Payment**

- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to treatment. We may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly for services and items. We may disclose your health information to other health care providers and covered entities to assist in their health care operations, billing and collection efforts.

### **Health Care Operations**

- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be patient service surveys. Our practice may disclose your health information to our business associates that assists us in our delivery of health care and related services, such as billing companies, lawyers, accountants and others. Before we disclose your health information to our business associates, we will have a written contract to ensure that they also protect the confidentiality of your health information.

### **Disclosures**

- The practice may also disclose your PHI for law enforcement and other legitimate reasons although we shall do our best to assure its continued confidentiality to the extent possible. Our practice may use and disclose your

health information when we are required to do so by federal, states, or local law. We may also disclose your health information to the Secretary of Health & Human Services or his designee to determine our compliance with federal privacy laws.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

### **Appointment Reminders & Fundraising Communication**

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, in addition to other fundraising communications, that may be of interest to you. You do have the right to "opt out" with respect to receiving fundraising communications from us.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

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 relying on your authorization.

You may have the following rights with respect to your PHI.

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket", in full, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

### **Your Rights Regarding Your Health Information**

**Confidential Communications-** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must complete a Hoover Health & Wellness Center, Inc. written request form. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

**Requesting Restrictions-** You have the right to request a restriction in our use or disclosure of your health information. In order to request a restriction in our use or disclosure of your health information, you must complete a written restrictions request form.

**Inspection & Copies-** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit a written request form to the practice. Our practice may charge a fee for the costs of copying, mailing, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances

**Amendment-** You may ask us to amend your health information if you believe it is incorrect or incomplete. Your request must be made in writing and submitted to the practice. You must provide information that supports your request for amendment. We have the right to deny amendment of information if (a) information is accurate and complete (b) not part of the PHI maintained or documented by the practice (c) not part of the PHI which you would be permitted to inspect or copy.

**Accountings of Disclosures-** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your health information for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor is sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit a written request form. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of the request and may not include disclosures before May 1, 2005. The first list you request within a 12-month period is 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 costs involved with additional requests and you may withdraw your request before you incur any costs.

This notice is effective as of September 23, 2013 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with our office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Feel free to contact the Practice Compliance Officer for more information, in person or in writing.

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