

Balanced Body Chiropractic Center, LLC
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 REVIEW CAREFULLY. (Large print copy available at office upon request.)

Balanced Body Wellness Center, LLC is required by law to maintain the privacy and confidentiality of your protected health information.

DISCLOSURE OF YOUR HEALTH INFORMATION

Treatment – We may disclose your health information to other healthcare professionals within our practice for the purpose of treatment, payment, or healthcare operations.

Payment – We may disclose your health information to your insurance provider for the purpose of payment or healthcare operations.

Workers Compensation – We may disclose your health information as necessary to comply with State Workers Compensation Laws.

Emergencies – We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons

We may need to disclose your health information to coroners or medical examiners.

Organ Donation

We may need to disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may need to disclose your health information to researchers conducting research that has been approved by an institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing

We may contact you for marketing purposes or fundraising purposes. We may call you at home to remind you of appointments and may leave a message if there is no answer or you are not available. No health information will be disclosed other than the date and time of your next appointment. We may send a letter, postcard, or invitation, or call your home in order to participate in certain events. We may from time to time send you newsletters, birthday cards, reminder cards, holiday greeting cards, thank you cards, or office letters.

Change of Ownership

In the event that Balanced Body Chiropractic Center, LLC is sold or merges, your health information/record will become the property of the new owner.

Your Health Information Rights

You have the right to request restrictions on certain uses and disclosures of your health information. Balanced Body Chiropractic Center, LLC is not required to agree to the restriction. You have the right to have your health information received or communicated through an alternative method or sent to an alternative location. You have the right to copy and inspect your health information. You have the right to request the office amend your protected health information. If your request is denied you will be provided an explanation and procedure for disagreeing with the denial. You have the right to receive an accounting of disclosures of your protected health information. You have the right to a copy of this Notice of Privacy Practices any time upon request.

Treatment

This office uses open room adjusting and therapy. Per request we will accommodate you with a closed room for adjusting and therapy.

Changes to this Notice of Privacy practices

Balanced Body Chiropractic Center, LLC reserves the right to amend this Notice of Privacy Practices at any time and will make the new provisions effective for all information it maintains. If you have any questions about any part of this notice or if you want more information contact Jacqueline Flynn (203) 723-5715. If Jacqueline Flynn is not available you may make an appointment to meet with her in person or via telephone within two working days.

Complaints

Complaints about how Balanced Body Chiropractic Center, LLC has handled your health information should be directed to Jacqueline Flynn (203) 723-5715. If you are not satisfied with the manner in which this office handles your complaint you may submit a formal complaint to DHHS, Office of Civil Rights, 200 Independence Ave., S.W., Room 509F, HHH Building, Washington D.C. 20201

This notice is effective as of July 28, 2008.

I have read this Notice of Privacy Practices and understand my rights contained in this notice. By way of my signature I provide Balanced Body Chiropractic Center, LLC with my authorization and consent to use and disclose my protected health information for the purposes of treatment, payment, and healthcare operations as described in this Notice. The staff of Balanced Body Chiropractic Center, LLC has explained the Notice of Privacy Practices to my satisfaction. I am aware that Balanced Body Chiropractic Center, LLC has the right to change the terms of its Notice and make any provisions effective for all the protected health information that it maintains.

Patient's name (PRINT) _____

Patient's Signature _____

Parent / Guardian Signature _____
(If Patient is a Minor)

Date _____

FACILITY USE ONLY

Authorized Facility Signature _____

Date _____