



**THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

In the course of your care as a patient at Zellner Chiropractic Center, we may use or disclose personal and health related information about you in the following ways:

**Treatment:** Your personal health information may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

**Payment:** Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer (if they are or may be responsible for the payment of your services.)

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations may include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Marketing Health Related Services:** We will *not* use your health information for marketing communications without your written consent.

**Required by Law:** We may use or disclose your health information when we are required to do so by law. Situations that fall under this category include providing healthcare services to you based on the orders of another health care provider or by law in the case of an emergency. If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care, we will disclose your health information to provide care.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonable believe that you are a possible victim of crime. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.



**National Security:** We may disclose to military authority the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of a patient under certain circumstances.

**Appointment Reminders:** Your name, address, phone number, e-mail address and health care records may be used to contact you regarding appointment reminders. Examples of this include reminder messages left on an answering machine or calls to follow up on a missed appointment.

**Patient Contact:** Your name, address, phone number, e-mail address and healthcare records may be used to send information to you about alternatives to your present care or other health related information that may be of interest to you, such as healthcare classes and wellness newsletters. This information will also be used in the sending of holiday and birthday cards.

**To your Family and Friends:** We must disclose your health information to you, as described in the Patient's Rights section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify or assist in the notification (including identifying or locating) a family member, your personal representative, or another person responsible for your care, your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is relevant to the person's involvement in your healthcare. We will also use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical supplies, x-rays, or other similar forms of health information.



**The Possibility of Inadvertently Disclosing Patient Information:** Due to our open office setting, it is a possibility for basic patient information to be disclosed unintentionally. Ways that a patient's name and limited information may be inadvertently disclosed include the following: a patient viewing what is on the computer screen, the viewing of a patient's closed file on the shelf, the viewing of a closed travel card, outgoing letters in the mailbox or viewing names in the schedule book. Although we intend to take whatever precaution that is in our power to keep your information confidential, complete anonymity in an open office setting is impossible to guarantee. (This excludes open availability and or discussion of a patient's healthcare and includes a patient's basic information as it may appear on a travel card, piece of mail or computer screen.)

A patient's private file is located behind the front desk and is off limits to patients. There are very few occasions when there may only be one assistant in the office with the files left unwatched and reachable by a patient. For the majority of the time, a patient's files are guarded by an assistant or locked in an empty office. Those who have a key to the office and the possibility of accessing the files (such as cleaning people) sign "business associate contract" assuring the privacy of your records. You may obtain a copy of this contract upon request.

**Your Authorization:** You may give us written authorization to use your healthcare information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

---

### **Patient Rights:**

**Access and Amendments:** You have the right to inspect and/or copy your health information for seven years from the date that the record was created or for as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information must be provided to use in writing.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last six years. If you request this accounting more than once in a twelve month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.



**Restriction:** You have the right to request that we place additional restrictions(s) on our use or disclosures of your health information. We are not required to agree to those additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

**Alternative Communication:** We normally provide information about your health care to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account, along with what is listed in the “Patient Contact” section from above. If you would like to receive this information at an address other than your home, or if you would like the information in a different form, please advise us in writing as to your preferences.

---

We are required by state and federal law to maintain the privacy of your patient file and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all your health information in our files. Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person or persons to whom we provide the information and may no longer be protected by the federal privacy rules.

**Complaints:** If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to: Dr. Jack Zellner (see contact information at the end of this document). You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you the address upon request.

If you would like further information about our privacy policies and practices please contact: Dr. Jack Zellner

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

This notice is effective as of December 22, 2014. This notice, and any alterations of amendments made hereto will expire seven years after the date upon which the record was created.