

**Adjustin Chiropractic, 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 IT CAREFULLY.

Adjustin Chiropractic 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 protected health information to doctors, hospitals, and other healthcare professionals for their provision, coordination, or management of your health care and related services.
- Payment - We may disclose your protected health information to insurance providers for the purpose of payment or healthcare operations.
- Workers' Compensation - We may disclose your protected health information to comply with State Workers' Compensation Laws.
- Emergencies - We may disclose your protected 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 protected 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 protected health information in the course of any administrative or judicial proceeding or in response to a legal order.
- Law Enforcement - We may disclose your protected 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 protected health information to coroners or medical examiners.
- Organ Donation - We may need to disclose your protected health information to organizations involved in procuring, banking, or transplanting organs and tissues.
- Research - We may need to disclose your protected health information to researchers conducting research that has been approved by an institutional Review Board.
- Public Safety - It may be necessary to disclose your protected 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 protected 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 confirm your appointments and may leave a message if there is no answer or you are not available. No protected health information will be disclosed other than the date and time of your next appointment. We may send a letter, postcard, 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.
- Referrals - We may acknowledge and express appreciation to a patient, physician, or other person who has referred you to Adjustin Chiropractic for care. No protected health information will be disclosed other than your identity as it is known to the person referring you.
- Change of Ownership - In the event that Adjustin1 Chiropractic is sold or merges, your protected health information / record will become the property of the new owner.

YOUR INDIVIDUAL RIGHTS

- Your Protected Health Information Rights - You have the right to request restrictions on certain uses and disclosures of your protected health information. Adjustin Chiropractic is not required to agree to the restriction. You have the right to have your protected health information received or communicated through an alternative method or sent to an alternative location. You have the right to copy and inspect your protected 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 about how you can disagree with the denial. You have the right to receive an accounting of disclosures of your protected health information. You have a right to a copy of this Notice of Privacy Practices any time upon request.
- Changes to this Notice of Privacy Practices - Adjustin Chiropractic 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 513-770-3434.
- Complaints - Complaints about how Adjustin Chiropractic has handled your health information should be directed to Justin A. Felsman at 217-242-0420. 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.

ADDITIONAL INFORMATION

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

This notice is effective as of April 11, 2003.

I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature I provide Adjustin Chiropractic 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 Adjustin Chiropractic has explained the Notice of Privacy Practices to my satisfaction. I am aware that Adjustin Chiropractic 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date