

# PATIENT HIPAA NOTICE

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**McCormick Chiropractic**  
**Pottstown Elverson Berwyn**  
**610-705-0201 610-286-7000 484-320-4902**

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION.

## POLICY STATEMENT

This Practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from the Practice and other health care providers. This Notice informs you of how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Practice, and for other purposes permitted or required by law. This Notice also informs you of your rights regarding your PHI. For DETAILED privacy notice: Please ask our Front desk for our HIPAA binder.

## YOUR RIGHTS

You have the right to: Revoke any Authorization, in writing, at any time.

- Request restrictions on certain use and/or disclosure of your PHI as provided by law. To request restrictions, you must submit a written request to the Practice's Privacy Officer
- Restrict disclosures to your health plan when you have paid out-of-pocket in full for health care items or services provided by the Practice unless a law requires us to share that information.
- Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Privacy Officer.
- Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer.
- Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer.
- Receive an accounting of non-routine disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Practice's Privacy Officer.
- Receive a paper copy of this *Notice of Privacy Practices* from the Practice upon request.
- To file a complaint with the Practice, please contact the Practice's Privacy Officer. All complaints must be in writing. To obtain more information, or have your questions about your rights answered, please contact the Practice's Privacy Officer.

## USE OR DISCLOSURE OF PHI

The Practice may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Practice. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

- **Care** – In order to provide care to you, the Practice will provide your PHI to those health care professionals directly involved in your care.
- **Payment** – In order to get paid for some or all of the health care provided by the Practice, the Practice may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements.

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- **Health Care Operations** – In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to provide quality and efficient care.
- **Business associates that perform functions on our behalf** – We may use billing and collection services. Our business associates, including credit card applications and billing and collection services may disclose necessary PHI to their vendors

Authorization is not required for: The Practice may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

1. **De-identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
2. **Business Associate** – To a business associate, who is someone the Practice contracts with to provide a service necessary for your treatment, payment for your treatment and/or health care operations (e.g., billing service or transcription service). The Practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and their subcontractors will appropriately safeguard your PHI.
3. **Personal Representative** – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. **Public Health Activities** – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.
5. **Abuse, Neglect or Domestic Violence, or Judicial proceedings or Law enforcement** – To a government authority, if the Practice is required by law to make such disclosure.
6. **Workers' Compensation** – If you are involved in a Workers' compensation claim.

**APPOINTMENT REMINDER:** If the Practice provides appointment reminders or makes contact for the purpose of providing information about treatment alternatives or other health related benefits or services, to preserve patient privacy and adhere to guideline, the Practice has implemented written policies and procedures regarding this subject which enables the patient to identify specific and approved contact information. Note that this information can be reviewed or changed at any time upon request of the patient. Text messaging reminders, if permitted by the patient, may only be performed by the Practice through secure or encrypted texting services, unless the patient has signed an authorization permitting unencrypted messages.

I have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health.

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Patient

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Signature

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Date