



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 IT CAREFULLY.

Who We Are and Our Legal Obligations to You

You are coming to About Life Chiropractic receive medical care.

The law requires us to protect the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to this health information. This Notice of Privacy Practices outlines our legal obligations regarding your health information. We are required to comply with the terms of this Notice of Privacy Practices, effective April 14, 2003. We reserve the right to change the terms of this Notice of Privacy Practices and to make the new terms effective for all health information we possess. We will communicate any changes by providing you with a new copy of the Notice of Privacy Practices the next time you receive treatment at our facility after any such change.

How We May Use or Disclose Your Health Information

We collect health information from you and store it in a chart or on our computer system. This is your medical record. Although this record belongs to About Life, the information in the record belongs to you. The law allows us to use or disclose your health information for the following purposes:

1. *For Treatment.* We may use your health information to provide you with medical treatment or services. For

example, if you are receiving chiropractic care at our facility, a chiropractor may review your medical record and release medical information if it is necessary to provide you treatment.

2. *For Payment.* We may use and disclose your health information for purposes of receiving payment for treatment and services that you receive. For example, we may send a bill for your services to your health insurance company, and this bill may contain certain information such as your name and the service we provided to you.
3. *For Health Care Operations.* We may use and disclose your health information for the operation of our facility. For example, we may disclose information to our employees for training purposes, to evaluate performances, to assess the quality of care provided in our facility, and to determine how to improve the health care we provide.
4. *Follow Up Contact.* We may use your health information to check on you or to provide you with information regarding other treatment or treatment options.
5. *Directories.* Unless you inform us that you do not want us to do this, we will disclose your location and general condition to persons who call us and request you by name.
6. *Notification.* We may also disclose your health information to notify or assist in notifying a family member, your personal representative, or other persons responsible for your care about your location or general condition.
7. *Public Health Agencies.* We may use or disclose your health information for public health activities such as assisting public health authorities in preventing or tracking disease and maintaining customer records of medical supplies in the event of product recall. We are required to report initial diagnosis of sexually transmitted diseases and communicable diseases to state public health agencies.
8. *Health and Safety and Law Enforcement.* We are required to disclose information to law enforcement if we suspect child abuse or neglect. In the exercise of our professional judgment, we may report information in the case of adult abuse. Your health information may also be disclosed to avert a serious