

threat to health or safety of you or any other person. Finally, we may disclose health information to assist law enforcement officials in their duties.

9. *Required by Law.* We will disclose health information if we are required to by law, such as pursuant to a judicial or administrative subpoena. We may also be required to disclose information for specialized government functions such as protection of public officials or reporting to various branches of the armed services.
10. *Health Information.* We might send you general newsletters or other information that promotes your health as well as other helpful information regarding our facility.
11. *Worker's Compensation.* Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation.
12. *Other Uses.* **Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have taken action in reliance upon the authorization.**

Your Rights Regarding Your Health Information

You have a certain rights and respect to your health information. They are listed below. If you would like to exercise any of these rights or if you have questions regarding your rights, please contact: **About Life Chiropractic, 8878 South Street, Fishers, IN 46038.**

1. You have the right to request that we limit our uses and disclosures of your health information, as you specify. We may not agree to your request.
2. You have the right to request that we communicate with you through alternative means or locations, and we will respect any reasonable requests.

3. You have the right to review and obtain a copy of your health information. We have the right to charge you a fee for the cost of providing you with such a copy.
4. You have the right to request that we amend your health information. We will review your request but not necessarily make the amendments you request.
5. You have the right to obtain an accounting of disclosures that we have made of your health information except disclosures for treatment, payment, health care operations, disclosures authorized by you, and disclosures for certain government functions.
6. You have the right to revoke any authorization you made for the use or disclosure of your health information except to the extent we have already relied on the authorization.
7. You have the right to receive a paper copy of this notice.

Complaints

You may complain to us if you think we have violated your privacy rights. We will listen to your complaint and do our best to address it. You will not be retaliated against for bringing a complaint. Please direct complaints to **About Life Chiropractic, 8878 South Street, Fishers, IN 46038.** You can also file a complaint with the Department of Health and Human Services, Office of Civil Rights.