

Notice of Privacy Practices

Our practice, Prevention And Wellness Center, Inc., is committed to maintaining the privacy of your protected health information known as (PHI), which is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and the care and treatment you receive from our practice. In addition, this notice describes your rights to access and control your PHI. This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please read this notice carefully and if you should have any questions or concerns about this Privacy notice please do not hesitate to contact our privacy officer.

Kim Henderson, 300 Center Drive Suite 109, Vernon Hills, Illinois 60061

This office is required by law to abide by terms of this Notice of Privacy Practices as well as abiding by any other applicable state laws that may govern privacy practices and/or the scope of the practice of chiropractic. Our office may change and/or modify the terms of this notice at any time and the new notice will be effective for all PHI that we obtain at the time. Our office and/or doctors will provide you with a copy of our Notice of Privacy Practices and make a good faith effort to obtain your written acknowledgment of our Notice, no later than the date of your first service delivery. We will also keep you notified of any changes to our Notice of Privacy Practices and if requested by you our office will provide you with an updated copy of same.

Uses and Disclosures of PHI: our office may use and disclose of your PHI for health care delivery purposes, which is known as treatment, payment and health care operations(TPO). Your PHI may be used and disclosed by your doctor, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the doctor's practice. It should be noted that even though list of uses and disclosures of your PHI is fairly comprehensive, it is difficult to take into account each and every single possibility of how your PHI may be used or disclosed. We can assure you that your doctor and his/her office staff will do everything possible to maintain the confidentiality of your PHI. Listed below are some of the more common types of uses and disclosures of your PHI that our office is allowed to make without your consent and/or authorization. Any other uses and/or disclosures other than those listed below will only be made with your written authorization.

Treatment- Your PHI may be used and disclosed for the coordination or management of your health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding you or the referral of you from one health care provider to another.

Payment- Your PHI may be used and disclosed for payment which encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums to fulfill their coverage responsibilities and provide benefits under the plan and to obtain reimbursement for the provisions of health care

Health Care Operations- Your PHI may be used and disclosed for health care operations for certain administrative, financial, legal, and quality improvement activities that are necessary to run its business and to support the core functions of treatment and payment.

Emergency Situations- Our office and/or doctors may use or disclose your PHI in an emergency treatment situation. If an emergency situation happens to arise we are not required to obtain a written acknowledgment from you of your Notice of Privacy Practices until after the emergency situation has ended.

Minimum Necessary Standard- Our office/or staff will make reasonable efforts to limit the use and disclosure of requests for your PHI to the minimum necessary to accomplish the intended purpose.

Employee Limitations- Your doctor will also limit the use and disclosure of your PHI to members of his or her work force to those who may need access to your PHI for treatment, payment and health care operations.

Public Health Purposes and Activities- Your PHI may be disclosed to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury or disability which would include reporting of disease or injury, reporting vital events like births or deaths and conducting public health surveillance, investigations or interventions. In addition, your PHI may be disclosed for public health activities like child abuse or neglect, quality, safety or effectiveness of a product or activity regulated by the FDA.

If changes are made to your record it does not mean that your doctor will destroy his or her records or your doctor will rewrite their records: It means that your doctor will add an addendum to your current records to reflect the changes. Your doctor has the right to deny or reject your request to change your records, but you have the right to submit a statement in the medical record that you disagree. Your doctor also has the right to add to your record a rebuttal statement.

You have the right to receive your doctor's Notice of Privacy Practices

The law requires that your doctor provide you in writing their policy on how they are protecting and using your PHI.

You have the right to revoke an authorization

The revocation can be done at any time provided it is in writing. There is an exception to revocation that is if your doctor has taken any action in reliance to the use or disclosure indicated in the doctor's Authorization Notice.

Patient's Right to File a Complaint:

If you believe, that any of your Privacy Rights have been violated by us you can file a written complaint with our Privacy Officer (lease see our privacy officer to obtain a complaint form). Your complaint must be filed within 180 days of when you knew or should have known that the act had occurred. In addition, you can also file a written complaint either on paper or electronically with the Office of Civil Rights (OCR). Please note that the Privacy law prohibits our office from taking any retaliatory actions against you.

Privacy Practice Acknowledgement Letter

I, _____, Acknowledge that I have read and was given a copy of Prevention and Wellness Center, Inc. Notice of Privacy Practices and fully understand the same and have had all my questions answered to my satisfaction.

Patient Signature

Date

Patient Representative/Interpreter

Date

Additional Consents:

Yes / No	To discuss financial and medical information with _____.
Yes / No	To call/leave messages on home and cell phone.
Yes / No	To mail account statements, lab results, birthday cards etc...
Yes / No	To email newsletter, clinic happenings, and Doctor/Patient correspondence.

***Preferred method of communication: phone / email / mail (please circle most appropriate method)**

Patient Signature

Date

Patient Password (Optional):

Please write down password for an extra step of protection below. This password will be asked to the person of consent for financial and medical information before discussing financial and medical records.

Password