

Express Your Health Notice of Privacy Practices

Express Your Health is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

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.

Disclosure of Your Health Care Information: Express Your Health may use and/or disclose your protected health information which includes information about your health or condition and the clinical services provided to you in order for Express Your Health to be part of your treatment, to obtain payment for clinical services and as necessary for Express Your Health to conduct its health care operations. This may include communications with and sharing of your protected health information with insurance companies, health care providers, attorneys, employers or others who may be party to information relative to your health, treatment, payment or other health care operations. Express Your Health may contact you or provide to you information about examinations, treatments or other health related issues. This may include mailing, telephone, and electronic facsimile or direct delivery of information such as appointment reminders, postcards, reactivations, information about our treatment, office or procedures. You also consent to communication by telephone and us leaving a message on an answering machine or with an individual answering the phone number provided to us by you. We may call you by name in the waiting room when your physician is ready to see you. You further understand that your examination and treatment may be incidentally observed and that conversations may be incidentally overheard and that we have your consent to use your name in our office.

Treatment: We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. This includes another physician who may be treating you or a physician to whom you have been referred (e.g., a specialist or laboratory).

Payment: We may disclose your health information to your insurance provider for the purpose of payment or health care operations. As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Express Your Health for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a different form, please advise us in writing as to your preferences.

Healthcare Operations: We may use or disclose your protected health information, as needed, in order to support the operations of this clinic. These activities include, but are not limited to, quality assessment activities, employee review activities, and conducting or arranging for other activities. Occasionally, our office employs third party “business associates” to perform various activities for the practice (such as billing, computer or transcription services). If the services of the business associate involve disclosing or using protected health information, they will sign a written contract that will protect your health information.

Food and Drug Administration: We may disclose protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, enable product recalls, make repairs or replacements, or conduct post marketing surveillance, as required.

Workers’ Compensation: We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

Emergencies: We may disclose your 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.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: As required by law, we may disclose your 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.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections.

Abuse or Neglect: We may disclose your protected health information to a public authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions, in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your health information to a law enforcement official 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 disclose your health information to coroners or medical examiners.

Coroners, Funeral Directors and Organ Donation: We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research: We may disclose your health information to researchers conducting research that has been approved by an institutional review board that has established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.

De-identified Information: We may use and disclose health information that may be related to your care, but does not identify you and cannot be used to identify you.

Personal Representative: We may use and disclose protected health information to a person who under applicable law, has the authority to represent you in making decisions related to your health care.

Required Uses and Disclosures: Under the law, we must make disclosures to you and, when requested, to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Public Safety: It may be necessary to disclose your 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 to the general public.

Specialized Government Agencies: We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing: We may contact you for marketing purposes or fundraising purposes, as described below: As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment

along with a request to call our office if you need to cancel or reschedule your appointment.

It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Express Your Health sponsored fund-raising events.

Change of Ownership: In the event that Express Your Health is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Express Your Health is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Express Your Health amend your protected health information. Please be advised, however, that Express Your Health is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Express Your Health.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will not request an explanation from you for the basis of the request. Please make this request in writing to our Privacy Officer.

Changes to this Notice of Privacy Practices:

Express Your Health reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Express Your Health is required by law to comply with this Notice.

Express Your Health is required by law to maintain the privacy of your health

information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Leighia M. Wells, D.C. by calling this office at 269-324-5000. If Leighia M. Wells, D.C. is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints:

Complaints about your Privacy rights, or how Express Your Health has handled your health information should be directed to Leighia M. Wells, D.C. by calling this office at 269-324-5000. If Leighia M. Wells, D.C. is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

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 Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of 3/30/2007.