

NOTICE OF PRIVACY PRACTICES

Robert E. Matros, DC

Effective Date: 8/19/2013

SUMMARY

WHAT IS THIS SUMMARY FOR? This Notice of Privacy Practices (Notice) describes how Dr. Matros may use and disclose your medical information that we maintain and how you can get access to this information.

WHY DO YOU NEED THIS NOTICE? The Health Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, place certain obligations upon us with regard to how we may use and disclose your **personal health information** (PHI). Your PHI includes medical information about you such as your medical record and the care and service you have received. We are committed to **maintain the privacy** of your PHI. When we need to use or disclose it, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your PHI with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request unless permitted by law.

WHEN CAN WE USE/DISCLOSE YOUR PHI? There are certain uses and disclosures of your PHI that we may undertake without written or other authorization. These uses and disclosures may be for purposes such as to provide you with treatment, obtain payment for service we have provided and other health care operations (such as administration, quality improvement, cost studies and other activities designed to improve care we provide to all our patients). Some other examples include: Reporting of abuse or neglect as may be required by law, health oversight activities, judicial and administrative proceedings, law enforcement officials, workers' compensation. Individuals who may have access to your information without your written or other authorization may include doctors, nurses and hospital staff.

WE MUST OBTAIN YOUR WRITTEN PERMISSION FOR ANY USE OR DISCLOSURE NOT SET FORTH IN THIS NOTICE. You may revoke this authorization **AT ANY TIME**. In addition to obtaining your written authorization for uses or disclosures not described in the Notice, we generally will also need to seek your written authorization or approval prior to disclosing the following information:

- **HIV/AIDS related information**
- **Sexually transmitted disease information**
- **Tuberculosis**
- **Psychotherapy notes**
- **Mental health information**
- **Drug & Alcohol information**
- **Genetic information**
- **Any information where you, if a minor, sought emancipated treatment .**

We will also seek your written authorization for any “marketing” activities we may conduct or where we would receive money for providing a third party with your PHI.

WHAT RIGHTS DO YOU HAVE FOR YOUR PHI? You have the right to ask us to limit certain uses and disclosures of your PHI. We will consider **ALL** requests but may not be required to agree to your requested limitations. You also have the right to inspect and receive copies of your PHI, the right to request a change or amendment be made to your PHI, the right to an accounting (a list) of certain disclosures of your PHI, and the right to revoke any authorization you may have made to the extent we have not yet relied upon it. You also have the right to receive a paper copy of this Notice at any time.

HEALTH INFORMATION EXCHANGE: The Practice (may soon) participate with the HIE networks that allow patient information to be shared electronically through a secure connected network. Your health care providers who participate in these HIE networks may have the opportunity to electronically access your pertinent medical information for treatment, payment and certain health care operations. If you do not Opt Out of the HIE network (as Described below), your PHI may be made available through the HIE network to your authorized providers in accordance with this Notice and law. If you do Opt Out of the HIE network, your PHI will continue to be used in accordance with this Notice and the law, but will not be electronically available through such HIE network.

CAN WE CHANGE THIS NOTICE? We may change this Notice **at any time**. The revised Notice will only apply to all PHI that we maintain. However, if we do not change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where all individuals seeking services from us will be able to read the Notice as well as reading the notice on our Website. You may obtain the new Notice in hard copy as well from our Privacy Office.

ADDITIONAL INFORMATION / COMPLAINTS: You may contact our Privacy Office if you wish any additional information or have any questions concerning this Notice or your PHI. If you feel that your privacy rights have been violated, you may also contact our Privacy Office or file a written complaint with the Office of Civil Rights of the Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Office of Civil Rights.

THE ABOVE IS ONLY A SUMMARY OF THE RIGHTS AND OBLIGATIONS WITHIN THIS NOTICE. PLEASE READ CAREFULLY THE ENTIRE NOTICE POSTED IN OUR WAITING ROOM, OR ASK FOR A COPY.

Patient Name (Printed) _____ Patient Date of Birth _____

Signature of Patient/Guardian _____ Date _____

Relationship _____