

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are 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.

*We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at any time by simply asking one of our personnel.*

### Disclosure of Your Health Care Information

**Treatment:** We may disclose your health care information to other healthcare professionals within our practice for the purpose of the treatment, payment, or healthcare operations.

*“It is our policy to provide a substitute healthcare provider, authorized by Dr. Jacob Harris to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary healthcare provider’s absence due to vacation, sickness, or other emergency situation.”*

Please note that our treatment room is an enclosed space with the door to the waiting room generally left open. Every effort will be made to protect your privacy. If you are uncomfortable, please inform any of our staff and we can provide an alternative location for your treatment. Furthermore, our filing area is closely monitored by staff and locked after hours to ensure all records remain private.

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

**Emergencies:** We may disclose health information to notify or assist in notifying a family member, or another person responsible for your care regarding your medical condition in the event of an emergency, or of your death.

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

**Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement:** We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with court order subpoena, and other law enforcement purposes.

**Deceased Persons:** We may disclose your health information to coroners or medical examiners.

**Research:** We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

**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 health information for military, national security, prisoner and government benefit purposes.

**Marketing:** We may contact you for marketing purposes as described below:

As a service to our patients, it is our policy to occasionally send a health newsletter or a flyer regarding upcoming health classes offered on our premises. It is not our policy to disclose any personal health information about your condition for the purposes of these marketing mailings.

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, postcard, 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 date 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 *DC Health Chiropractic* fund-raising events.

Occasionally we will send birthday or holiday greetings or health reminders to our patients. It is not our policy to disclose any personal health information about your health condition in these mailings.

**Change of Ownership:** In the event that this business is sold or merged with another organization, your health information/records will become property of the new owner.

#### Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosure of your health information. Please be advised however, that we are not required to agree to the restriction that you request.
- You have the right to have your health information received or communicated through an alternative method when 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 health information.
- You have a right to request that we amend your protected health information. Please be advised, however, that we are 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't disagree with the denial.
- You have the right to receive an accounting of disclosures of your protected health made by Dr. Jacob Harris.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

#### **Changes to this Notice of Privacy Practice**

We reserve the right to amend this Notice of Privacy Practice at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this Notice.

We are 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 us, you may make an appointment for a personal conference in person or by telephone within two working days.

#### **Complaints**

Complaints about your Privacy Rights or how we have handled your health information should be directed to Dr. Jacob Harris. If we are not available, you may make an appointment for a personal conference in person or by telephone within two working days.

If you are unsatisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Ave., S.W.  
Room 509F HHH Building  
Washington, DC 20201