

Notice of Privacy Policies

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.

This Notice of Privacy Practices applies to Burton Health and Wellness, LLC. Its professional staff, employees and volunteers follow the privacy practices described in this Notice – effective January 1, 2015.

Your Health Information Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Forms are available on our website: www.burtonchiro.com, or by contacting the privacy officer at Burton Health and Wellness, LLC at 979-732-3900.

- A copy of this Notice. You can ask for a paper copy of this notice at any time. Paper copies of this notice may be obtained from the front desk at Burton Health and Wellness, LLC. You may obtain an electronic copy of this notice on our web site, www.burtonchiro.com.
- Get a paper copy of your medical record or health and claims record. You can ask to see or get a paper copy of your medical record or health and claims records and other health information we have about you. Burton Health and Wellness, LLC may charge you a reasonable, cost-based fee for copying your information. You must make this request in writing.
- Ask us to correct your medical record or your health and claims records. You can ask us to correct your health information or health and claims records if you think they are incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days. You must make your request in writing and you must provide a reason for the request.
- Ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or other operations. If you personally pay in full for an item or service or someone other than your health plan pays in full for the item or service on your behalf, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” if you have already paid in full for the item or service unless a law requires us to share that information. Otherwise, we are not required to agree to your request, and we may say “no” if it would affect your care.
- Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Burton Health and Wellness will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not. You must make this request in writing and you must tell us how or where you wish to be contacted.
- Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, or health care operations, or certain other disclosures (such as any you asked us to make). We will include each disclosure we made for the past six (6) years, unless you request a shorter time period. We will provide one accounting a year for free but will charge you a reasonable, cost-based fee if you ask for another within 12 months.
- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting our privacy officer at 979-732-3900. You can also file a complaint with the United States Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be penalized or retaliated against in any way for filing a complaint. We will not require you to waive your right to file a complaint as a condition of the provision of treatment or payment.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation

We may share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information for marketing purposes unless you give us written permission.

Our Uses and Disclosures:

How do we typically use or share your health information? We typically use or share your health information the following ways:

- **Treat you.** We can use your health information and share it with other professionals who are treating you. We may share your health information with people outside Burton Health and Wellness, LLC who may be involved with your medical care, such as other health care providers physical therapy organizations, x-ray technicians (verbal, fax, mail or electronic).
- **Payment.** We can use and share your health information to bill and get payment from your insurance company or a third party. For example, we may need to provide your health plan with information about the treatment you received so that your health plan will pay us or reimburse you for the treatment. Also, we may share your health information with your other health care providers to assist those providers in obtaining payment from your insurance company or a third party.
- **Run our organization.** We can use and share your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services to improve our services.
- **Business Associates.** We can share your health information with our business associated for any of the purposes listed above.
- **Electronic.** We may share your information electronically.

How else can we use or share your health information: We are allowed or required to share your information in other ways – usually ways that contribute to the public good, such as public health.

- Help with public health and safety issues. We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting births and deaths; reporting suspected abuse, neglect, or domestic violence; reporting reactions to supplements or creams or product problems; or preventing or reducing a serious threat to anyone's health or safety.
- Comply with the law. We will share information about you if state or federal laws require it. Including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Address workers' compensation, law enforcement, or other governmental requests. We can use or share health information about you: for workers' compensation claims; for law enforcement purposes or with law enforcement official or correctional institution; with health oversight agencies for activities authorized by law; or for special government functions, such as military, national security, and presidential protective services.
- Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Burton Health and Wellness, LLC's Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not sell your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. An authorization form and Revocation of Authorization form are available by contacting Burton Health and Wellness, LLC's privacy officer at 979-732-3900.

Changes to this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office. This notice is effective January 1, 2015.

Contact

If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact Burton Health and Wellness, LLC's privacy officer at 979-732-3900.

Acknowledgement of Privacy Practices

Written Acknowledgement of Receipt of Burton Health and Wellness, LLC's Notice of Privacy Practices

By signing below, you acknowledge receiving the Burton Health and Wellness, LLC's Notice of Privacy Practices (Notice). The Notice explains how Burton Health and Wellness, LLC may use and disclose your protected health information for treatment, payment and healthcare operations purposes. Protected health information means your personal health information found in your medical and billing records.

Burton Health and Wellness, LLC reserves the right to change the Notice from time to time. A copy of the current Notice or a summary of the current Notice will be posted at Burton Health and Wellness, LLC service locations. The effective date of the Notice will appear on the Notice summary. In addition, each time you are treated at Burton Health and Wellness, LLC, a copy of the current notice in effect, at your request, will be available to you.

Your signature below acknowledges that you have received this Notice.

If you have any questions about the Notice, please contact Burton Health and Wellness, LLC's privacy officer. Contact information is located in the notice.

Printed Name of Patient _____

Patient's Date of Birth _____

Printed Name of Patient's Representative _____

Relationship of Patient's Representative _____

Signature of Patient or Patient's Representative _____

Date _____