

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

This Practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your health condition and the care and treatment you receive from Ferstl Chiropractic Clinic, PC. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

CONSENT

1. Ferstl Chiropractic Clinic, PC may use and/or disclose your PHI provided that it first obtains a valid Consent signed by you. The Consent will allow Ferstl Chiropractic Clinic, PC to use and/or disclose your PHI for the purposes of:

(a) Treatment - In order to provide you with the health care you require, Ferstl Chiropractic Clinic, PC will provide your PHI to those health care professionals, whether on Ferstl Chiropractic Clinic, PC's staff or not, directly involved in your care so that they may understand your health condition and needs. For example, a physician treating you for lower back pain may need to know the results of your latest physical examination by this office.

(b) Payment - In order to get paid for services provided to you, Ferstl Chiropractic Clinic, PC will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, Ferstl Chiropractic Clinic, PC may need to provide the Medicare program with information about health care services that you received from Ferstl Chiropractic Clinic, PC so that Ferstl Chiropractic Clinic, PC can be properly reimbursed. Ferstl Chiropractic Clinic, PC may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.

(c) Health Care Operations In order for Ferstl Chiropractic Clinic, PC to operate in accordance with applicable law and insurance requirements and in order for Ferstl Chiropractic Clinic, PC to continue to provide quality and efficient care, it may be necessary for Ferstl Chiropractic Clinic, PC to compile, use and/or disclose your PHI. For example, Ferstl Chiropractic Clinic, PC may use your PHI in order to evaluate the performance of Ferstl Chiropractic Clinic, PC's personnel in providing care to you.

NO CONSENT REQUIRED

1. Ferstl Chiropractic Clinic, PC may use and/or disclose your PHI, without a written Consent from you, in the following instances:

(a) De-identified Information - Information that does not identify you and, even without your name, cannot be used to identify you.

(b) Business Associate - To a business associate if Ferstl Chiropractic Clinic, PC obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists Ferstl Chiropractic Clinic, PC in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.

(c) Personal Representative - To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

(d) Emergency Situations -

(i) for the purpose of obtaining or rendering emergency treatment to you provided that Ferstl Chiropractic Clinic, PC attempts to obtain your Consent as soon as possible; or

(ii) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.

(e) Communication Barriers - If, due to substantial communication barriers or inability to communicate, Ferstl Chiropractic Clinic, PC has been unable to obtain your Consent and Ferstl Chiropractic Clinic, PC determines, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.

(f) Public Health Activities - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease.

(g) Abuse, Neglect or Domestic Violence - To a government authority if Ferstl Chiropractic Clinic, PC is required by law to make such disclosure. If Ferstl Chiropractic Clinic, PC is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.

(h) Health Oversight Activities - Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.

(i) Judicial and Administrative Proceeding - For example, Ferstl Chiropractic Clinic, PC may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

(j) Law Enforcement Purposes - In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, Ferstl Chiropractic Clinic, PC may disclose your PHI if Ferstl Chiropractic Clinic, PC believes that your death was the result of criminal conduct.

(k) Coroner or Medical Examiner - Ferstl Chiropractic Clinic, PC may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

(l) Organ, Eye or Tissue Donation - If you are an organ donor, Ferstl Chiropractic Clinic, PC may disclose your PHI to the entity to whom you have agreed to donate your organs.

(m) Research - If Ferstl Chiropractic Clinic, PC is involved in research activities, your PI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI.

(n) Avert a Threat to Health or Safety – Ferstl Chiropractic Clinic, PC may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(o) Specialized Government Functions - This refers to disclosures of PHI that relate primarily to military and veteran activity.

(p) Workers' Compensation - If you are involved in a Workers' Compensation claim, Ferstl Chiropractic Clinic, PC may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

(q) National Security and Intelligence Activities - Ferstl Chiropractic Clinic, PC may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.

(r) Military and Veterans - If you are a member of the armed forces, Ferstl Chiropractic Clinic, PC may disclose your PHI as required by the military command authorities.

APPOINTMENT REMINDER

Ferstl Chiropractic Clinic, PC may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The following appointment reminders are used by Ferstl Chiropractic Clinic, PC:

- a) a postcard mailed to you at the address provided by you; and
- b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone.

DIRECTORY/SIGN-IN LOG

Ferstl Chiropractic Clinic, PC maintains a directory of and sign-in log for individuals seeking care and treatment in the office. Directory and sign-in log are located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within Ferstl Chiropractic Clinic, PC's office suite. This information may be seen by, and is accessible to, others who are seeking care or services in Ferstl Chiropractic Clinic, PC's offices.

FAMILY/FRIENDS

Ferstl Chiropractic Clinic, PC may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. Ferstl Chiropractic Clinic, PC may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

- (a) If you are present at or prior to the use or disclosure of your PHI, Ferstl Chiropractic Clinic, PC may use or disclose your PHI if you agree, or if Ferstl Chiropractic Clinic, PC can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to use or disclosure.
- (b) If you are not present, Ferstl Chiropractic Clinic, PC will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization.

YOUR RIGHTS

1. You have the right to:
 - (a) Revoke any Authorization and/or Consent, in writing, at any time. To request a revocation, you must submit a written request to Ferstl Chiropractic Clinic, PC's Privacy Officer.
 - (b) Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, Ferstl Chiropractic Clinic, PC is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to Ferstl Chiropractic Clinic, PC's Privacy Officer. In your written request, you must inform Ferstl Chiropractic Clinic, PC of what information you want to limit, whether you want to limit Ferstl Chiropractic Clinic, PC's use or disclosure, or both, and to whom you want the limits to apply. If Ferstl Chiropractic Clinic, PC agrees to your request, Ferstl Chiropractic Clinic, PC will comply with your request unless the information is needed in order to provide you with emergency treatment.
 - (c) Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to Ferstl Chiropractic Clinic, PC's Privacy Officer. Ferstl Chiropractic Clinic, PC will accommodate all reasonable requests.

(d) Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to Ferstl Chiropractic Clinic, PC's Privacy Officer. Ferstl Chiropractic Clinic, PC can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, Ferstl Chiropractic Clinic, PC may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.

(e) Amend your PHI as provided by law. To request an amendment, you must submit a written request to Ferstl Chiropractic Clinic, PC's Privacy Officer. You must provide a reason that supports your request. Ferstl Chiropractic Clinic, PC may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by Ferstl Chiropractic Clinic, PC (unless the individual or entity that created file information is no longer available), if the information is not part of your PHI maintained by Ferstl Chiropractic Clinic, PC, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with Ferstl Chiropractic Clinic, PC's denial, you will have the right to submit a written statement of disagreement.

(f) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to Ferstl Chiropractic Clinic, PC's Privacy Officer. The request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy); The first list you request within a twelve-(12) month period will be free, but Ferstl Chiropractic Clinic, PC may charge you for the cost of providing additional lists. Ferstl Chiropractic Clinic, PC will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

(g) Receive a paper copy of this Privacy Notice from Ferstl Chiropractic Clinic, PC upon request to Ferstl Chiropractic Clinic, PC's Privacy Officer.

(h) Complain to Ferstl Chiropractic Clinic, PC or to the Secretary of HHS if you believe your privacy rights have been violated. To file a complaint with Ferstl Chiropractic Clinic, PC, you must contact Ferstl Chiropractic Clinic, PC's Privacy Officer. All complaints must be in writing.

(i) To obtain more information on, or have your questions about your rights answered, you may contact Ferstl Chiropractic Clinic, PC's Privacy Officer, **Joseph F. Ferstl**, at 847-741-3355 or via e-mail at info@ferstlchiropractic.com.

PRACTICE'S REQUIREMENTS

1. Ferstl Chiropractic Clinic, PC:

- (a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing Ferstl Chiropractic Clinic, PC's legal duties and privacy practices with respect to your PHI.

- (b) Is required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information that is provided for under federal law. In particular, Ferstl Chiropractic Clinic, PC is required to comply with the following State statute *.
- (c) Is required to abide by the terms of this Privacy Notice.
- (d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
- (e) Will distribute any revised Privacy Notice to you prior to implementation.
- (f) Will not retaliate against you for filing a complaint.

EFFECTIVE DATE

This Notice is in effect as of **04/01/03** .