

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral Directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Organ Procurement Organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing:* We may contact you to provide appointment reminders, either by telephone or answering machine messages. We also may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to supplement, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers Compensation:* We may disclose health information to the extent authorized by you and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

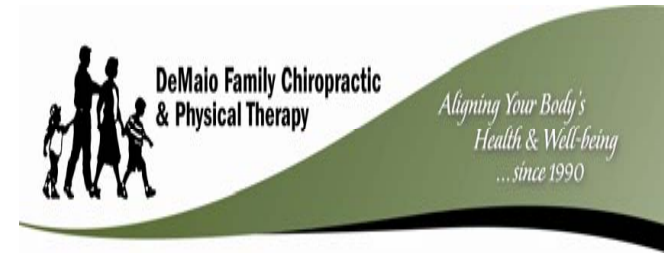
*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

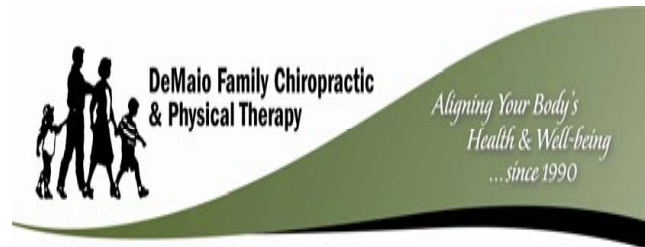
Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

The Village at Waugh  
Chapel  
2654 Brandermill Blvd.  
Gambrills, MD 21054  
PHONE: 410-721-2222  
FAX: 410-721-2437

Maryland Science &  
Technology Center  
17000 Science Dr., Ste  
204  
Bowie, MD 20715  
phone: 301-262-4545  
FAX: 301-262-7922



# Notice of Privacy Policies



[www.demaiochiro.com](http://www.demaiochiro.com)

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review this pamphlet carefully.

## **INTRODUCTION**

At DeMaio Family Chiropractic, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April, 14, 2003 and applies to all protected health information as defined by federal regulations.

## **UNDERSTANDING YOUR HEALTH RECORD**

Each time you visit DeMaio Family Chiropractic a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Means by which you or a third-party can verify that services billed were actually provided.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions authorizing disclosure to others.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of DeMaio Family Chiropractic, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.

- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent of those actions already taken.

## **OUR RESPONSIBILITIES**

DeMaio Family Chiropractic is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you if we are unable to agree to a requested restriction.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the new revisions and change this brochure and have it available at our offices upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## **FOR MORE INFORMATION OR REPORT A PROBLEM**

If you have questions or would like additional information, you may contact our office.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either. The address for the OCR is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509R, HHH Building  
Washington D.C. 20201

## **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS**

### **“We will use your health information for treatment”**

For Example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectation of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from this practice.

### **“We will use your health information for payment”**

For Example: A bill may be sent to you or a third-party payor. The information on, or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### **“We will use your health information for regular health operations”**

For Example: Members of our medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide. Other administrative departments may use health information when they have an operational functional need to know to complete their job duties.

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include transcription, copying service we use when making copies of patient records, diagnostic testing facilities and outpatient and inpatient medical facilities. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

*Communication with Family:* Healthcare professionals, using their best judgment may disclose to a family member, other relative, close personal friend or any other person you identify, any health information relevant to that person's involvement in your care or payment related to your care.