

We Care About Your Privacy

My Chiropractic Center

203 N Throop St

Woodstock, IL 60098

(815) 338-7770

Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Our Legal Duty

The Law Requires Us To:

- Keep you medical information private
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- Follow the terms of the current notice.

We Have The Right To:

- Change our privacy practices and the terms of this Notice at any time, provided that the changes are Permitted by law.
- Make the changes in our privacy practices and the New terms of our notice effective for all medical Information that we keep, including information Previously created or received before the changes.

Notice of Changes to Privacy Practices:

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

Use and Disclosure of Your Medical Information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

For Treatment:

Our practice may use your health information to provide you with medical treatment or services. You may receive treatment, or supervision of therapy, or given a general assessment while in a group setting when receiving care this office. We may disclose medical information about you to doctors, nurses, technicians, medical students or other people who are taking care of you with your other health providers to assist them in treating you.

For Payment:

Our practice may use and disclose your health information to others for the purposes of making a determination of eligibility for coverage for insurance benefits, or for purposes of receiving payment for services you receive in this office. A bill may include your medical information.

For Healthcare Operations:

Our practice may use and disclose your health information for our healthcare operation. This might include disclosure for internal functions such as auditing, measuring and improving quality, evaluating the performance of employees, conducting training programs and getting the accreditation, certificates, license, and credentials we need to serve you.

Additional Uses and Disclosures:

In addition to using the disclosing your medical information for treatment, payment and healthcare operations, we may use and disclose medical information for the following:

Notification:

We may use and disclose medical information to notify or help notify a family member, your personal representative or another person responsible for your care. We will share information about your location or general condition. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Communication/Education/Fundraising:

We may contact you to provide appointment reminders, greetings, and information related to benefits, services and news that may be of interest to you. You may notify us in writing at any time if you wish to be removed from our mailing list, or if you wish to restrict educational, social or charitable types of contacts.

Court orders/Judicial Administrative Proceedings:

We may disclose information in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances.

Alternative and Additional Medical Services:

We may disclose information to furnish you with information about other health related benefits or services that may be of interest to you. Any other uses and disclosure of your medical information will be made only

with your written authorization, except those permitted by law. A more in depth list of your rights and our responsibilities is available for you at your request. You may revoke any additional authorization you provide and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on that authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to request restrictions on certain uses and disclosures of protected information, including those related to disclosures to family members, friends or other persons specified by you. We are, however, not required to agree to a requested restriction. If we do agree, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information by us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain an “in-depth” paper copy of this notice from us upon request.

Questions and Complaints

If you have any questions about this notice, please ask the receptionist for help or ask for our Privacy Officer, Dr. Lawrence Zidek. If you think that we may have violated your privacy rights, contact this person. You may also submit a written Services. We will provide you with the address to file your complaint. We will not retaliate in any way if you chose to file a complaint.

These privacy practices are currently in effect, and they will be in effect until further notice.