

## Privacy Policy

By law, this practice is required to maintain the confidentiality and privacy of your protected health information and to be able to provide our patients with notice of our legal duties privacy practices in regards to your protected health information.

### ***Disclosure of Your Health Information***

#### **Treatments**

We may disclose your health care information within our practice to our team of healthcare professionals for the purpose of treatments, healthcare operation, or payment considerations.

“It may also be necessary to seek consultation with other health care providers associated with this practice in regards to your condition and possible treatments.”

“Our policy is to provide a substitute health care provider, who is authorized by this practice to provide assessments and/or treatments to our patients, without advanced notice, if your primary provider of health care is absent due to sickness, an emergency, or on vacation.”

#### **Payments**

For the purpose of payment and health care operations, we may disclose your health information to your insurance provider.

#### **Workers' Compensation**

To comply with the State Workers' Compensation Laws, we may disclose your health information as necessary.

#### **Emergencies**

To notify or assist in notifying a family member, or another person responsible for your care about your medical condition in the event of an emergency or your death, we may disclose your health information.

#### **Public Health**

We are required by law to disclose your health information to public health authorities for the purposes related to: injury or disability, controlling or preventing disease, reporting child neglect or abuse, reporting infection or disease exposure, reporting domestic violence, and reporting problems with products and reactions to medications to the Food and Drug Administration.

#### **Administration of Judicial Proceedings**

In the course of any judicial or administrative proceeding, we may disclose your health information.

#### **Law Enforcement**

For the purposes of locating a fugitive, suspect, missing person, or material witness, we may disclose your health information to law enforcement officials when complying with a court order of subpoena.

#### **Deceased Persons**

We may disclose personal health information to medical examiners and coroners.

#### **Organ Donation**

We may disclose your personal health information to organizations that are involved in the procuring, storing, or transplanting of tissues and organs.

#### **Research**

For researchers conducting research that has been approved by an Institutional Review Board, we may disclose your health information.

#### **Public Safety**

In order to lessen or prevent a serious and imminent threat to the health or safety of the general public or a specific person, it may be necessary to disclose your health information to appropriate persons.

#### **Specialized Agencies of the Government**

For agencies such as the military, national security, prisoner and government benefits purposes, we may disclose your health information.

#### **Change of Ownership**

Your health information/record will become the property of the new owner in the event that this practice is sold or merged with another organization.

#### **Your Health Information Rights**

1. You have the right to request disclosures of your health information and restrictions on certain uses of your health information.

Please be advised, however, Arctic Chiropractic is not required to agree with the requested restrictions.

2. You have the right to your health information be communicated or received through an alternative method upon request, or sent to an alternate location other than the usual method of communication or delivery.
3. You have the right to copy and inspect your health information.
4. You are able to request that Arctic Chiropractic amend your protected health information. The practice however, is not required to agree to amend your protected health information. If your amendment request is denied, you will be provided with an explanation of your denial reason(s). You will also be provided with information about how you can disagree with the denial.
5. You have the right to receive an accounting of all the disclosures of your protected health information that is made by this practice.
6. At any time upon request, you have the right to a paper copy of this Notice of Privacy Practices.

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

At any time in the future, this practice reserves the right to amend this Notice of Privacy Practices, and with make the new provisions effective for all the information that it maintains. This practice is required by law to comply with this notice, until such amendments are made.

This practice is required by law to maintain privacy of your health information and to provide you with any notice of legal duties with respect to your privacy practices and health information. If you want more information about your privacy rights, or if you have any questions or concerns about any part of this notice, please contact us.