

Privacy Notice to Patients

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW YOUR HEALTH CARE INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION.

Fort Wayne Chiropractic 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 Fort Wayne Chiropractic and other health care providers. This notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the practice, and for other purposes permitted or required by law. This notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

The practice may use and/or disclose your PHI for purposes of your care, payment for your care, and health care operations of the practice. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

- Care - In order to provide care to you, the practice will provide your PHI to those health care professionals directly involved in your care so that they may understand your health condition and needs and provide advice or treatment. For example, your physician may need to know how your condition is responding to the treatment provided by our practice.
- Payment - In order to get paid for some or all of the healthcare provided by our practice, the practice may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, the practice may need to provide your health insurance carrier with information about health care services you received from the practice so that practice may be properly reimbursed.
- Health Care Operations - In order for the practice to operate in accordance with applicable law and insurance requirements and to continue to provide quality and efficient care, it may be necessary for the practice to compile, use and/or disclose your PHI. For example, the practice may use your PHI in order to evaluate the performance of the practice’s personnel in providing care to you. **Note:** genetic information is protected by law and is not considered part of Health Care Operation.

AUTHORIZATION NOT REQUIRED

The practice may use and/or disclose your PHI, without a written authorization from you in the following instances:

1. De-identified Information – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
2. Business Associate – To a business associate, who is someone the practice contracts with to provide a service necessary for your treatment, payment of your treatment and/or health care operations (e.g. billing service for transcription service). The practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and their subcontractors will appropriately safeguard your PHI.
3. Personal Representative – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. Public Health Activities – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury, or disability. This includes reports of child abuse or neglect.