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HIPPA Health Information Privacy Practices

This is to inform you how medical information about you may be used and disclosed and how you can get access to this information. Please review.

Family Wellness Chiropractic (FWC) is required to maintain the privacy of your health information and to provide you with this notice of its legal duties and practices. We will not use your information except as described in this notice.

1. **Treatment:** FWC may use your health information in the provision and coordination of your health and wellness care. We may disclose your information to only those who have a legitimate need for the information in your care and treatment. We may recommend treatment alternatives using your health history information. We may call your home for appointment reminders.
2. **Payment:** FWC may release your health information for the purpose of determining coverage, billing, claim management, medical data processing, reimbursement, internal auditing, accreditation, certification or medical research. Some business associates may be informed of aspects of your health history on a need to know basis only. Some examples of these include the following: medical record and software service, consultants, accountants, lawyers and third party billing companies. We require them to protect the confidentiality of your information.
3. **We will not disclose your information** to persons outside of FWC for purposes other than treatment, payment or healthcare operations without your consent. You have the right to revoke authorization previously given by submitting a written statement to FWC.
4. **We may disclose your health information** on a limited basis only to family members involved in your health care.
5. **Research:** Under certain circumstances, we may use your health information for approved clinical research studies. Most research studies require patient consent, although there are some instances with regards to retrospective record review that no patient consent is required.
6. **Government Agencies:** The department of public health and environment and the joint commission on accreditation of healthcare organization or the board of medical examiners may require FWC records for licensure, certification, audits, investigations and inspections. We may be required by a law or court order to disclose health information.
7. **Required by Law:** We may be required by law (ie: child abuse, domestic abuse) to disclose part of your health history.
8. **Your right of confidential communication:** You have the right to receive confidential communication of your health information at your location of choice: ie: work, email, cell phone, etc. You have the right to inspect your health records within two weeks of request. You have the right to restrict certain uses and disclosure on your health information.
9. **Complaint:** You may file a written complaint with no retaliation for doing so.
10. **We reserve the right to modify this notice at any time:** We will post provisions needed to further protect your health information. This is current revision is effective January 1, 2007.

Signature

Date