



120 East Ogden Ave., Suite #202, Hinsdale, IL 60521, (630) 655-9480
www.jurikchiropractic.com

NOTICE OF PRIVACY PRACTICES

Purpose: This form Notice of Privacy Practices presents the information that federal law requires us to give our patients regarding our privacy practices. This form Notice of Privacy Practices requires customization to match the particular privacy practices of the various services we offer, as well as the various relationships we have with others. For example, we may need different Notices, including joint Notices for participating in an organized health care arrangement.

Instructions: Consult our [Privacy Official and Legal Department] to ensure that the Notice of Privacy Practices we intend to use accurately reflects our privacy practices and those of any organized health care arrangements. We must check applicable state privacy law to determine if it provides greater privacy protections or rights than federal law. If so, our Notice must reflect those greater protections or rights. Our [Privacy Official and Legal Department] must approve each Notice of Privacy Practices, including any joint Notice we may use for an organized health care arrangement to ensure that the Notice sufficiently complies with applicable federal and state laws before we may distribute the Notice.

The Notice must be distributed to each individual no later than the date of our first service delivery, including service delivered electronically after the compliance date for the federal Privacy Rules established by the Department of Health and Human Services. Provider must also have the Notice available at the service delivery site for individuals to request to take with them. At all physical service delivery sites, the Notice must be posted in a clear and prominent location where it is reasonable to expect any individuals seeking service from Provider to be able to read the Notice. Whenever the Notice is revised, make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, the Notice must be distributed to each new patient at the time of service delivery and to any person requesting a Notice.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 2/7/05, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your medical information to a physician or other health care provider to you.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations including, but not limited to, quality assessment and improvement activities, related functions that do not include treatment, and reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time.

Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

We must disclose your medical information to you, as described in the Individual Rights section of this notice below. We may disclose your medical information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

We may use the following medical information in our facility directories: your name, your location in our facility, your condition described in general terms that do not communicate your specific medical information, and your religious affiliation. We will disclose this information to members of the clergy or, except for religious affiliation, to other persons. We will provide you with an opportunity to restrict or prohibit some or all disclosures to facility directories unless emergency circumstances prevent your opportunity to object.

We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person

responsible for your care of your location, your general condition, or your death. If you are present, then prior to use or disclosure of your medical information we will obtain your agreement or provide you with an opportunity to object to the disclosure or reasonably infer from the circumstances, based on the exercise of professional judgment, that you do not object to the disclosure. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment, disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X rays, or other similar forms of medical information.

We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the information listed at the end of this notice.

We may use your medical information to contact you for fundraising purposes. We will limit our use and disclosure to your demographic information and the dates of your health care. We may disclose this information to a business associate to assist us in fundraising activities. We will provide you in any fundraising materials a description of how you may opt out of receiving future fundraising communications.

We may use or disclose your medical information for research purposes in limited circumstances. We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

We may use or disclose your medical information when we are required to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors and to public health authorities for public health purposes.

Jurik & Wholistic Health Care Chiropractic

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Privacy Practices Acknowledgment

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: _____ Birthdate: _____

Signature: _____

Date: _____