

KERSTIN MEDWIN CHIROPRACTIC, PLLC
Notice of Privacy Practices

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 AND LET US KNOW IF YOU HAVE ANY QUESTIONS.

We are required to keep your information private, release your information to others only when we need to and as allowed by law or your written authorization, and follow legal requirements related to your information. We must follow specific rules to protect information relating to drug or alcohol, HIV/AIDS and mental health treatment. We are required to abide by the terms of this notice.

KERSTIN MEDWIN CHIROPRACTIC, PLLC may use and/or release your health information in connection with your health care treatment (for example, to help us provide you with the correct treatment), to determine if you are eligible for insurance benefits, or to process claims for benefits or payments, in connection with the practice's health care operations (to run our practice, or improve your care), in connection with workers' compensation or law enforcement (or other governmental) requests, to respond to lawsuits or legal actions, or as required by state or federal law. These uses must be completed in compliance with applicable laws and rules for using this information. These uses, to the extent allowed by law, do not require your written authorization. We may not sell your information to others nor use it to market another's services.

We must provide the information to you or your representative if you ask for it. We must also provide it to government agencies without your consent if the government agency requests it as allowed by law. Other uses or disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us in writing.

You have several rights related to your information:

- To get a copy of this notice.
- To see or get a copy of your health information (which we must provide to you on a timely basis, although we may charge a reasonable fee for copies as allowed by law). We will also provide a summary of your health information within 30 days of your request (and may charge a reasonable fee for this).
- To ask us to correct your health information.
- To ask us to limit our use of your information (which we may not have to agree to).
- To ask us to communicate with you confidentially (for example, to use a home or cell phone, or which address to send mail).
- To ask us to limit the information we share for treatment, payment or our operations. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- To select someone else to act for you (through a health care proxy).
- To get a list of whom we have shared your information. This list would go back 6 years, and would not include disclosures for treatment, payment and health care operations, or any disclosures you asked us to make. If you request more than one list in a 12 month period, you may be charged a reasonable fee.
- To file a complaint if you think your privacy rights have been violated, either with our practice or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

You also have choices in how we use and share your information, for example, related to us telling your family or friends about your medical condition. Please talk to us about this. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

We are required by law to maintain the privacy and security of your protected health information and will let you know as promptly as possible if a breach occurs that may have compromised the privacy or security of your information.

We reserve the right to change this policy from time to time. Any changes will apply to all future and past records. You may obtain a paper copy of this policy from our office upon request, and it is posted in our office as well.

If you have questions, please let Dr. Medwin or Elizabeth Diamantatos know so we can address them (phone: 518-435-1280)!

Effective 9/28/2017