

NOTICE OF PATIENT PRIVACY PRACTICES

This notice has been published by Montpelier Family Chiropractic. It applies to everyone who works for Montpelier Family Chiropractic, including our employees, contractors, and volunteers.

As medical professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information we gather and use about our patients, and provide them with notices of our legal duties and privacy practices with respect to their information.

While we are committed to the privacy of our patients' information, in order to serve them we need to gather, keep and use records of this information. We sometimes also need to share information with other parties. This notice is intended to let you know how we use and disclose your information.

This notice is also to let you know about certain legal rights you have with respect to the information we hold about you. You have certain rights to review and copy our records of information about you. You may also request that we amend these records, and may ask us to account for certain disclosures we have made about you.

We are required to comply with the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice, and make the news effective for all information to which this Notice applies. This Notice will be in effect from May 23, 2005 until the date we publish an amended Notice. If we do publish an amended Notice, we will notify you by sending a copy to you at your last address shown in our records. We will also publish the amended Notice in our office.

This Notice covers all information in our written or electronic records which concern you, your health care, and payment for your health care. It also covers information we may have shared with other organizations to help us provide your care, submit insurance claims on your behalf, or manage some of our administrative options.

Except for certain disclosures for legal purposes described below, we can only use or disclose information about you with your written authorization or consent.

With your written consent, we can use or disclose our information for the following purposes:

- We may use or disclose information about you for treatment purposes to doctors, nurses, technicians, medical students, or other individuals who work in our practices who are involved in providing you with health care. We may also disclose information about you to organizations and individuals involved in your care who are outside of our practice, such as consulting physicians, laboratories, social workers, and so on.
- We may use or disclose information about you for payment purposes to our clerks and officers involved in billing and claims payment. We also disclose such information to your health plan or other third party financially responsible for your care or to claims and billing services if necessary.
- We may use or disclose information about you for operational activities in connection with our practices. These activities might include practice quality improvement, training of medical students, insurance underwriting, medical or legal review, and business planning or administration of our practice.

Without your consent or authorization, we may disclose information about you only for the following purposes:

- To a public health agency, for purposes such as controlling disease.
- In case of suspected child abuse, to the appropriate governmental authority.
- In other cases of suspected abuse, to the appropriate governmental authority.
- In other cases of suspected abuse, neglect or domestic violence, to the appropriate governmental authority, which your agreement or if required by law, or if you are incapacitated or it appears necessary to prevent serious harms to you or others. To health oversight authorities, for regulatory, licensing and other legal purposes.
- In litigation, subject to certain requirements controlling the terms or disclosures.
- To law enforcement agencies, subject to applicable legal requirements and limitations.
- For medical research purposes, subject to your authorization or approval by an institutional review board.
- If you are in the United States military, national security or intelligence, or foreign service, to your authorized federal officials.

We may not use or disclose information about you for any other purpose without your written authorizations, provided separately from you in written consent.

By law, you are entitled to:

- Ask us to further restrict our use and disclosure of information about you. We are not required to grant such a request, but if we do we must make sure restrictions are implemented.
- Receive confidential communications from us, at an alternative address you provide to us.
- Review our records for your information.
- Obtain a copy of all or any part of our records of your information. We may charge you a reasonable copying charge of \$15.00 plus .75 cents per page for the first 30 pages then .50 cents per each additional page.
- Ask us to amend your records, if you believe that they are incorrect or incomplete. We are not required to make such an amendment. If you request an amendment and we determine we will not make it, you are entitled to have a statement of your disagreement included in your records. If you do include a statement of disagreement in your records, we may include a statement of explanation or response in your records as well.
- Obtain an accounting of all persons to who have disclosed information about you, for any purposes except your treatment, payment for your treatment or our health care operations.
- If you have provided us with an authorization for any purpose, you may revoke it an any time. You may revoke an authorization by giving us written notice at our Contact address given above. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before that time.
- You may revoke your consent to uses and disclosures for treatment, payment, and health care operations purposes at any time. You may revoke your consent by giving us written notice at our contact address given above. Your revocation will be effective as of the time we receive it, and will not apply to any uses of disclosures which occur before the time. If you revoke your consent, we may elect to discontinue your health care treatment.
- If you believe we have violated your privacy rights, you may forward us a written complaint to our contact address given above. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint, we are legally prohibited from retaliating against you.