Cane Bay Chiropractic & Wellness

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND 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 HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by state and federal law to maintain the privacy of your personal health information. We are also required to provide you with this notice of our privacy practices with respect to your health information, our legal duties, and your rights concerning your health information.

We are further required by law to abide by the terms of this notice while it is in effect. This notice takes effect 10-1-2019 and will remain in effect until we replace it. We reserve the right to alter or amend the terms of this privacy notice. Before we make changes to our privacy practices, we will change this notice and make a new notice available. Any change in our privacy notice will apply for all of your health information in our files. Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

Treatment: Your personal health information, including all your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

Payment: Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of your services.

Appointment Reminders: Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders by way of telephone, mobile phone, text message or email that you have provided along with other health related information that may be of interest to you at the Doctors request. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office. If you are not at home to receive an appointment reminder, a message may be left on your voicemail.

Persons Involved in Your Care: We may use or disclose health information to you as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend, or other person involved in your care to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree in writing, that we may do so.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written consent.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose your health information to authorized federal officials when required for lawful intelligence, and other national security activities.

Reception Area: In addition, we may use a sign-in sheet at the Reception Desk where you will be asked to sign your name. We may also call you by name in the reception area when the Doctor is ready to see you.

Collections : We may disclose your billing information to a collections company if your account becomes delinquent and you fail to pay your balance. Our office will make three, separate attempts to collect an unpaid balance before considering sending debt to collections.

Required by Law: Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:

*If we are providing health care services to you based on the orders of another health care provider.

*If we provide health care services to you in an emergency.

*If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.

*If there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us

to provide care.

*If we are ordered by the courts or other appropriate agency.

Any use or disclosure of your protected health information, other than as outlined above, will be made upon your written authorization.

Patient Rights

Access: You have the right to inspect and/or copy your health information for seven years from the date that the records were created or as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health-related information should be provided to us in writing. If you request copies, there is a preparation charge of $25.00 plus $0.65 for the first 30 pages and $0.50 per pages 31+. CD disc is also available for $5 per disc. Contact the Office Manager for a full explanation for our fee schedule.

Amendment: You have the right to request an amendment to your health information. Requests must be in writing. We may deny your request under certain circumstances.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing) Your request must specify that alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care.

QUESTIONS AND COMPLAINTS

If you would like further information regarding our privacy practices, or if you have questions or concerns, please contact us:

Contact Officer- Anthony Lanzara, DC. 1724 State Rd. Suite 1D, Summerville, SC 29486.