

## **WHAT ARE YOUR RIGHTS**

The following are your rights with respect to your health care.

You have the right to ask to restrict uses or disclosures of your information for treatment, payment or health care operations. You also, have the right to restrict disclosures to family members or to others who are involved in your health care. We will try to honor this request, however, by law we are not required to agree to any restrictions.

You have the right to ask to receive confidential communications. For example, to a PO Box instead of your home address.

You have a right to see and obtain a copy of your health information that may be used to make decisions about your health care, such as claims and health records. You may also receive a summary of your health care. We also, may charge you for copying your health records.

You have the right to amend information we maintain about you, if you believe it is incorrect/outdated/ or incomplete.

You have a right to keep this written notice.

You have a right to receive an accounting of disclosures of your information made by us during a six year period. You must make this request in writing to Dr. Corinne Kennedy at Kennedy Chiropractic Center. This request must specify the time period you are seeking, not to exceed past the six years for the date you are requesting. All requests are subject to a reasonable cost based fee.

Kennedy Chiropractic Center will NOT sell your Personal Health Information.

## **EXERCISING YOUR RIGHTS**

**Contact your health care provider if you have any questions about this brochure.**

**You may contact us in writing at:**

**Kennedy Chiropractic Center**

**11515 W. North Ave Ste. A**

**Wauwatosa, WI 53226**

**414-443-1515**

**Effective January 1st 2018**



**Corinne A. Kennedy**

**Kennedy Chiropractic Center**

**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.

We \* are required by law to protect the privacy of any health information we collect about you. We are also required to give you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You have rights about your health information that are described in this notice.

The terms “information” or “health information” in this notice include any personal information that is created or received by a health care provider that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices. If we do, we will provide the revised notice to you within 60 days by direct mail or post it on our website: [drckennedychiro.com](http://drckennedychiro.com)

**\* For purposes of this Notice of Privacy Practices**

**“We” or “Us” refers to Kennedy Chiropractic**

## **HOW WE USE OR DISCLOSE INFORMATION**

We must use and disclose your health information to provide information:

To you or someone who has the legal right to act for you or (your personal representative)

**To the Secretary of the Department of Health and Human Services**, if necessary, to make sure your privacy is protected; and where required by law.

We have the right to use and disclose health information to pay for your health care and operate our business. For example, we may use your health information:

**For payments** due us and to process claims for health care services you receive. Such billing and collection activities may include disclosure of PHI (personal health information) to healthcare clearinghouse in connection with processing claims.

**For treatment** We may disclose health information to our staff and other health providers to help them provide health care to you. For example, Your Chiropractor may share treatment notes with your Primary Care Physician upon request.

**For Health Care Operations** We may use or disclose health information as necessary to operate and manage our business and to help manage your health coverage. For example, we might use your personal health information for staff training, administrative monitoring of our systems, to collect insurance payments or to call you and remind you of an appointment.

**To provide you with information** such as alternative treatments and supplements.

**To plan sponsors** If your coverage is through an employer group health plan, we may share the summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor or plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information.

**Appointment Reminders** We may use your health information to contact you for appointment reminders.

**Provider Schedule** We may use personal information to identify where you are located in the building. We would only share this information if you have signed permission for someone to know your health information.

We may use or disclose your health information for the following purposes under limited circumstances:

**To persons involved with your care** such as family that you gave permission to us to inform. Or in the case of an emergency.

**For public health activities** such as reporting disease outbreaks.

**For reporting victims** abuse, neglect or domestic violence.

**For government** audits and fraud investigations, and law enforcement purposes.

**For judicial or administrative proceedings** such as a court order, search warrant or subpoena.

**To avoid a serious threat or health safety** for example, disclosing information to public agencies.

**For specialized government functions** such as military and national security issues.

**For worker's compensation** disclosing required by state worker's compensation laws and job related injuries.

**For research purposes** such as research related to prevention of disease or disability if the research meets all privacy law requirements.

**To provide information regarding decedents** We may disclose information to a coroner or medical examiner to identify a deceased person, determine cause of death as authorized by law. Also, to funeral directors to carry out their duties.

In compliance with Wisconsin State Law that is more stringent than the Federal Health Insurance Portability and Accountability Act (HIPPA) we will get your written consent to:

Disclose any alcohol and drug abuse information.

Disclose HIV/AIDS related information.

Disclose any mental health information.

Disclose any abuse related information.