

NOTICE OF PRIVACY PRACTICES: You have the right to receive a copy of this Notice from us upon request even if you have already received the Notice.

BERARD FAMILY CHIROPRACTIC DUTIES: Berard Family Chiropractic takes its responsibility for maintaining your protected health information in confidence very seriously. Protected health information is information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. It also includes basic demographic information. We are required by law to maintain the privacy of protected health information and to provide you with a Notice of Privacy Practices including our legal duties with respect to health information. In addition, Berard Family Chiropractic is required to abide by the terms of the Notice that is in effect.

PATIENT AUTHORIZATION REGARDING "OPEN ADJUSTING" ENVIRONMENT: It is the practice of this office to provide chiropractic care in an "open adjusting" environment. "Open adjusting" involves several patients being seen in the same adjusting area at the same time. Patients who are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. These environments used for ongoing care and is NOT the environment used for taking patient histories, performing examinations, or for presenting reports of findings. These procedures are completed in a private, confidential setting.

We are requesting this authorization of you due to various interpretations under Federal law with respect to what is known as "incidental disclosures" of health information. It is our view that the kinds of matters related in an "open adjusting" environment are incidental matters. In the event that you or someone else would not agree with us, we are providing this disclosure.

- It is our desire for our staff to use your name, address, email address and/or phone number for the purpose of contacting you to advise you about health related meeting, workshops, and important office information such as office hour changes and cancellations.

- It is our desire for our staff to use your name, signature, photograph, and/or radiograph on our Thank You and Referral Boards, X-ray view boxes, Family Picture Wall, and in-office promotions.
- It is our desire for our staff to use your name and/or signature on our sign-in sheets in order to verify your office visit. To use this information is intended to make your experience with our office more efficient, productive, and to further enhance your access to quality chiropractic care.

If you choose not to authorize this use of information, your decision will have no adverse effect on your care from Berard Family Chiropractic or on your relationship with our staff. You may revoke this authorization at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our procedures to be completed.

DISCLAIMER: We reserve the right to change terms of our Notice and to make the new Notice provisions effective to all protected health information that we maintain. When we make changes in our Notice, copies of the revised Notice will be available upon request. A copy will be available at our office.

FOR MORE INFORMATION: If you have any questions or would like additional information about our privacy practices, you may contact us at 978-685-4444, or by writing at Berard Family Chiropractic 678 Lowell St. Methuen, Ma 01844. If you believe your privacy rights have been violated, you can file a complaint, and there will be no retaliation for you doing so.

EFFECTIVE DATE: This Notice of Privacy Practices is effective as of January 1 2008

BERARD FAMILY CHIROPRACTIC

The Health Insurance Portability & Accountability Act (HIPAA) Notice of Privacy Policies

This notice describes how medical information about patients may be used and disclosed, and disclosed, and how patients can get access to this information. Please review it carefully.

We will ask you to sign an acknowledgement that you have received this Notice of Privacy Practices (*Notice*). This Notice describes, in accordance with the HIPAA Privacy Regulation, how Berard Family Chiropractic Office may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other specific purposes that are permitted or required by law. The Notice also describes your right and Berard Family Chiropractic Office's duties with respect to protected health information provided by you in both the computer and paper files. That information will include your name, address, phone number, and other identifying information. In addition, any information that you provide concerning drugs that you are taking, medical conditions you may have, allergies, other matters affecting your health, and insurance information will be stored in the computer and in the files.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

We will use your health care information to treat you. For example, we will use health care information in order to ensure proper chiropractic care. We may also disclose your information to other health care providers for the purpose of treatment. We will use your health care information to receive payment for products and services. For example, we may contact your third party payer (for example, your insurance company) to determine whether your program will pay for your care. We will bill you and/or a third party payer for the cost of the care you receive. The information on or accompanying the bill may include your identification, as well as the care you are receiving.

We will use your health care information to carry out our chiropractic care operations. For example, we may use information in your health care record to monitor your progress and modify your treatment plan accordingly. USES AND DISCLOSURES THAT ARE PERMITTED OR REQUIRED BY THE REGULATION: Using our judgment as health care professionals, we at Berard Family Chiropractic may disclose your protected health information to any family member, other relative, close personal friend, or any person you identify as being involved in your health care. We form contacts with some entities known as Business Associates to perform services for us. For example, we will disclose your information to a covering doctor so that you will receive that proper care. We require the Business Associates to appropriately safeguard the protected health information.

We may contact you to provide reminder or missed appointment calls, or other health related benefits and services that may be of interest.

OTHER REQUIRED OR PERMITTED DISCLOSURES: We may disclose your health care information to the following entities and/or under given circumstances:

- To law enforcement agencies as required by law or in response to a valid subpoena or other legal processes;
- To health oversight agencies for activities authorized by laws such as audits, investigations and inspections;
- In response to a court order, administrative order, subpoena, discovery request, or the lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the person about the request or to obtain an order protecting the requested health care information.

- As authorized by and necessary to comply with laws relating to worker's compensation or similar programs established by law;
- Whenever required to do so by law;
- To a coroner or medical examiner when necessary;
- To notify, or assist in notifying a family member, personal representative, or another person responsible for the patient's care, of the patient's location, or general condition;
- To a correctional institution or its agents, if a patient is or becomes an inmate of such an institution, when necessary for the patient's health or the health and safety of others;
- When necessary to prevent a serious threat to the patient's health, and safety of the public or another person;
- As required by military command authorities, when the patient is a member of the armed forces, and to appropriate military authority about foreign military personnel.
- To a government authority, such as social service or protective services agency, if we believe the patient may be a victim of abuse, neglect, or domestic violence, but only to the extent required by law. If the patient agrees to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to the patient or to someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against the patient.

AUTHORIZED USE AND DISCLOSURE: We will obtain your written authorization before using or disclosing protected health information about you for purposes other than those listed above or otherwise permitted or required by law. You may revoke an Authorization in writing at any time. Such revocations must be made in writing and mailed to Berard Family Chiropractic 678 Lowell St. Methuen Ma 01844. Upon receipt of the written revocation, we will stop using or disclosing protected health information about you, except to the extent that we have already taken action in reliance on the authorization.

THE PATIENTS' RIGHTS

RESTRICTION REQUEST: You have the right to request that we restrict how your protected health information is used or disclosed in carrying out treatment, payment, or health care options. Such requests must be made in writing and mailed to us. We are not required to agree to the requested restrictions. If, however, we do agree to the requested restrictions, that agreement will be binding to us.

IN PATIENT REMINDERS: Because we believe regular care is very important to your health, we will remind you of a scheduled appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you and your family. They may include postcards, folding postcards, letter, telephone reminders or electronic reminders such as email. (unless you tell us in writing that you do not want to receive these reminders.)

ACCESS: You have the right to inspect and obtain a copy of your protected health information. You have the right to access and copy protected information about you contained in the designated record set for as long as we maintain your personal health information. The designated record set usually will include a case history and billing records. To receive a copy of your protected health information, you must send a written request to us. We may charge you a fee for the costs of copying, mailing, and other supplies that are necessary in granting your request. We may also deny your request to inspect and copy in limited circumstances. If you are denied access to your protected health information in most cases you may request in writing that the denial be reviewed.

HEALTH CARE INFORMATION AMMENDMENTS: If you feel that the protected health information we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an Amendment for as long as we maintain the protected health information. A request for an amendment must be made in writing and mailed to us. You must include a reason that supports your request. In certain cases, we may deny the request. If the request is denied, you have the right to file a statement of disagreement with the decision, and we may give you a rebuttal of your statement.