**Chiropractic Xpress LLC (Chiropractic Express)**

**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 THE INFORMATION CAREFULLY**

If you have any questions about this notice, contact Craig Burgardt D.C., Owner/Office Manager/Doctor at (941)249-9020 or by writing at 2886 Tamiami Trail, Suite 6, Port Charlotte, FL 33952.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes our facility’s practices and that of

* Any professional authorized to enter information into your chart.
* All employees, staff, and other office personal.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you received here at the facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the health care provider personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

* Make sure that medical information that identifies you is kept private.
* Give you a notice of our legal duties and privacy practices with respect to medical information about you.
* Follow the terms of the notice that is currently in effect.

**OFFICE PROCEDURES**

Our office will make every effort to protect your privacy while being seen and treated at Chiropractic Xpress LLC.

Our customary procedures include:

* Allowing family and friends to make or cancel an appointment for a patient.
* Calling patients at home or work to remind them of appointments, special events, or office closures. This would include leaving messages with answering machines, family members, or co-workers.
* Sending reminder/message cards via mail.
* Sending reminder or announcement messages via email or text.
* Using a sign-in sheet which each patient will sign.
* Referring to patients by a first name only within the office setting.

Upon check-in or check-out, financial matters may be discussed. We will make every effort to be as discrete as possible given the physical constraints of this office.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use of disclosure will be listed. However, all of the way we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We may use medical information about you to provide you with chiropractic treatment or services at Chiropractic Xpress LLC.

**PLEASE NOTE THAT WE UTILIZE OPEN-ROOM ADJUSTING:** Open-room adjusting involves evaluation and treatment with other patients nearby and may result in incidental disclosure of your health information. If you are not comfortable with open-room adjusting, we will attempt to accommodate your privacy needs or refer you to a suitable practitioner who does not utilize open-room adjusting.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or other alternatives that may be of interest to you.

**Individual Involves in Your Care or Payment for Your Care:** We may release medical information about you to a friend or a family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family and friends that you are at our facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that our family can be notified.

**As Required By Law:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personal to the appropriate foreign military authority.

**Workers Compensation:** We may release medical information about you for worker’s compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:

* To prevent or control disease, injury, or disability.
* To report child abuse or neglect
* To report reactions to medications or problems with products.
* To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
* To notify the appropriate government authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example: Audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

* In response to a court order, subpoena, warrant, summons, or similar process;
* To identify or locate a suspect, fugitive, material witness, or missing person;
* About the victim of a crime if under certain limited circumstances we are unable to obtain the person’s agreement.

Nation Security and Intelligence Activities; We may release medical information about you to authorized federal officials for intelligence and other national security activities authorized by law.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request, in writing to Chiropractic Xpress LLC. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us.

To request an amendment, your request must be made in writing and submitted to Chiropractic Xpress LLC. In addition, you must provide us with a reason that supports the request. In addition, if you ask us to amend the information that:

* Was not created by us, unless the person or entity that created that information is no longer available to make the amendment;
* Is not part of the medical information kept by or for Chiropractic Xpress LLC;
* Is not part of the information which you would be permitted to inspect or copy;
* Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an “Accounting of Disclosures.” This is a list of the disclosures we made of medical information about you. To request this list of accounting disclosures, you must submit your request in writing to Chiropractic Xpress LLC. Your request must state a time period, which may not be longer than 7 years and cannot include dates before November 3, 2014(when prior owner started this office). Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction of limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment that you have received. To request confidential communications, you must make your request in writing to Chiropractic Xpress LLC. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about how medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by email. To request confidential communications, you must make your request in writing to Chiropractic Xpress LLC. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Chiropractic Xpress LLC at (941)249-9020 or by writing to 2886 Tamiami Trail, Suite 6, Port Charlotte, FL 33952.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information that we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Florida Board of Medicine. To file a complaint with our office, Contact Dr. Craig Burgardt, Owner/Office Manager/Chiropractor. All complaints must be submitted in writing. **You will NOT be penalized for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.