

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed by Schulze Chiropractic and how you can get access to your health information. Please review this notice carefully.

I. Introduction

The Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”), is a federal law that requires us to protect the privacy of individually identifiable health information about you that we create or receive (your “Protected Health Information”). Your Protected Health Information may be oral, written, electronic, or in any other form. We are required by law to provide you with this notice of our duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this notice.

II. Uses and Disclosures without Your Authorization

We may generally use or disclose to others your Protected Health Information without your authorization for: (1) treatment, payment, and healthcare operations, and (2) for other purposes, as described later in this section. Any other use or disclosure of your Protected Health Information will usually require your authorization. Under any circumstance, we will only use or disclose the minimum amount of information necessary to accomplish the intended purpose of the disclosure.

The following categories describe the different ways in which we may use and disclose your Protected Health Information without your authorization:

Treatment. We will use and disclose your Protected Health Information to make decisions about the provision, coordination, or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to

share your Protected Health Information with another healthcare provider whom we need to consult with respect to your care. These are only examples of uses and disclosures of health information for treatment purposes that may or may not be necessary in your case.

Payment. We will use and disclose your Protected Health Information to obtain reimbursement from you, from your health insurance carrier, or from another insurer for our services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services, or review of services for the purpose of reimbursement. Your Protected Health Information may also be used for billing, claims management and collection purposes, and related healthcare data processing through our system.

Healthcare Operations. Your Protected Health Information may be used and disclosed in our business planning and development operations, as well as for general administrative functions. We may also use the information in our overall compliance planning, healthcare review activities, and arranging for legal and auditing functions. If we share your Protected Health Information with third-party business associates that perform various activities for us, including billing services, then we will have a written contract with that third party to protect the privacy of your Protected Health Information, as required by law.

In addition, there are certain circumstances under which we may use or disclose your Protected Health Information without first obtaining your authorization. These circumstances include:

Legal Compliance. We may use and disclose your Protected Health Information to the extent required to comply with applicable law.

Public Health Activities. We may disclose your Protected Health Information for the following public health activities and purposes: (1) to report health information to public health authorities that are authorized by law to receive such information for the purpose of preventing and controlling disease, injury, or disability, (2) to report child abuse or neglect to a government authority that is authorized by law to receive such reports, and (3) to alert a person who may have been exposed to a communicable disease if we are authorized by law to give such notice.

Judicial and Administrative Proceedings. We may disclose your Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process, including the enforcement of our claim to a physician's lien.

Law Enforcement Request. We may disclose your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order or other process authorized by law.

Health or Safety Reasons. We may disclose your Protected Health Information to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

Health Oversight Activities. We may disclose your Protected Health Information to a government agency that is legally responsible for oversight of the healthcare system or for ensuring compliance with the rules of government benefit programs such as Medicaid and Medicare, or other regulatory programs for which health information is necessary for determining compliance.

Secretary of the Department of Health and Human Services Request. We may disclose your Protected Health Information when

required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with certain HIPAA requirements.

Workers' Compensation. We may disclose your Protected Health Information as necessary to comply with workers' compensation laws.

Marketing Communications. We may use and disclose your Protected Health Information from time to time to provide appointment reminders, newsletters, and thank-you cards, to wish you a happy birthday, provide information about treatment alternatives or other health-related benefits and services that may be of interest to you, and other announcements.

Others Involved in Your Healthcare. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your Protected Health Information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition. Finally, we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Emergencies and Communication Barriers. We may use or disclose your Protected Health Information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. We may also use and disclose your Protected Health

Information if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

You should also be aware that we utilize an “open therapy room” in which several people may receive treatments at the same time and in close proximity. We will try to speak quietly to you in a manner reasonably calculated to avoid disclosing your Protected Health Information to others. However, it is possible that an incidental disclosure may occur. If you ever want to discuss your health condition or information with us, please ask to be placed in a private treatment room.

III. Uses and Disclosures with Your Authorization

We may use or disclose to others your Protected Health Information for a purpose other than the purposes and circumstances described in Section II above only when you sign a written authorization. You may revoke your authorization, except to the extent we have taken reliance on it, by delivering a written revocation statement to Dr. Schulze at the address identified in Section VI below.

IV. Your Rights Regarding Your Protected Health Information

You have certain rights regarding your Protected Health Information, as follows:

Right to Request Additional Restrictions. You may request that we restrict the uses and disclosures of your Protected Health Information for treatment, payment, and healthcare operations. We are not required to agree to the restriction. However, if we agree, we will comply with it, except with regard to emergencies, disclosure of the information to you, as necessary to administer our business, or if we are otherwise required by law to make a full disclosure without restriction. We will

not be bound unless Dr. Schulze agrees to the restriction in writing.

Right to Receive Confidential Information.

We will accommodate any reasonable request for you to receive your Protected Health Information by alternative means or at an alternative location. If you require such an accommodation, you may be charged a fee for the accommodation and will be required to specify, in writing, the alternative address or method of contact and how payment will be handled.

Right to Inspect and Copy Your Protected Health Information.

You have the right to inspect and copy your health records. To make such a request, please ask us for a “Patient Records Access Request Form” and submit the completed form to Dr. Schulze. Under limited circumstances, we may deny you access to a portion of your health records. Access to your health records will not include psychotherapy notes that may be contained in them, or information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable cost-based fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation of an explanation or summary of the information.

Right to Amend Your Records. You have the right to request that we amend your Protected Health Information maintained by us if you feel it is incorrect or an important part of it is missing. To make such a request, please ask us for a “Patient Request to Amend Records” form and submit the completed form to Dr. Schulze. If another physician or healthcare provider created the information that you desire to amend, you must contact that physician or healthcare provider to amend the information.

Right to Receive an Accounting of Disclosures.

You have a limited right to receive an

accounting of all disclosures we make to other persons or entities of your Protected Health Information (made on or after April 29, 2014, the date Schulze Chiropractic, S.C., was established) except for disclosures required for treatment, payment, and healthcare operations, disclosures that require an Authorization, disclosures incidental to another permissible use or disclosure, disclosures made earlier than six years from the date of your request, and otherwise as allowed by law. To make such a request, please ask us for a "History of Non-Routine Disclosures Request Form" and submit the completed form to Dr. Schulze. We will not charge you for the first accounting in any 12-month period. However, we will charge you a reasonable fee for each subsequent request for an accounting within the same 12-month period.

Personal Representatives. You may exercise your rights through a personal representative who will be required by us to produce evidence of his or her authority to act on your behalf. We reserve the right to deny access to your personal representative.

For Further Information, Complaints. If you want further information about your privacy rights, are concerned that we may have violated your privacy rights, or disagree with a decision that we have made about your Protected Health Information, then please contact Dr. Schulze in writing.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, by contacting:

Region V, Office for Civil Rights
U.S. Dept. of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

Voice Phone (312) 886-2359
TDD (312) 353-5693
E-Mail OCRComplaint@hhs.gov

Complaints to the Secretary must: (1) be filed in writing, either on paper or electronically, (2) name Schulze Chiropractic and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA, and (3) be filed within 180 days of when the complainant knew or should have known of the alleged violation, unless this time limit is waived by the Office for Civil Rights for good cause shown.

V. Miscellaneous

Effective Date. This notice is effective as of April 29, 2014, the date Schulze Chiropractic, S.C., was established.

Right to Change Terms of this Notice. We reserve the right to change the terms of this notice at any time, making the new provisions effective for all health information and records that we have and continue to maintain, including any information created or received prior to issuing the new notice. All changes in this notice will be prominently displayed and available at our office.

Limitation on Application of Notice. This notice does not apply to information that does not identify an individual with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

VI. Privacy Officer and Contact Person

All questions or concerns about this notice or requests made pursuant to it should be sent to:

Schulze Chiropractic
c/o Dr. Katarina Schulze, D.C.
800 E. Northwest Hwy, Suite 105
Mount Prospect, IL 60056
Fax (847) 873-1132