

Notice of Privacy Practice

Our practice of Dr. Dean A. Chancey, D.C. (a.k.a. Farmington Chiropractic, LLC, Skowhegan Chiropractic) is committed to maintaining the privacy of your protected health information known as PHI, which is information about you, including demographic information that may identify you and that relates to the past, present or future physical or mental health or condition and the care and treatment you receive from our practice. In addition, this notice describes your rights to access and control your PHI. The notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please read this notice carefully and if you should have any questions or concerns about this privacy notices, please do not hesitate to contact our privacy officer:

Amy Tibbetts, Office Manager, Farmington Chiropractic, LLC., 586 Wilton Rd, Farmington, ME 04938. Phone: 207-778-0182.

This office is required by law to abide by the terms of this notice of privacy practices as well as abiding by any other applicable state laws that may govern privacy practices and/or the scope of the practice of chiropractic. Our office may change and/or modify the terms of this notice at any time and the new notice will be effective for all PHI that we obtain at that time. Our office and/or doctor will provide you with a copy of our notice of policy practices and make a good faith effort to obtain your written acknowledgment of our practices and if requested by you, our office will provide you with an updated copy of the same.

USES AND DISCLOSURES OF PHI

Our office may use and disclose of your PHI for health care delivery purposes, which is known as treatment, payment and health care operations (TPO). Your PHI may be used and disclosed by your doctor, our office staff and those outside of our office that are involved in your care and treatments for the purpose of providing health care services to you. It should be noted that even though our list of uses and disclosures of your PHI may be used or disclosed, we can assure you that your doctor and his office staff will do everything possible to maintain the confidentiality of your PHI. Listed below are some of the more common types of uses and disclosures of your PHI that our office is allowed to make without your consent and/or authorization. Any other uses and/or disclosures other than those listed below will only be made with your written authorization.

TREATMENT: Your PHI may be used and disclosed for the coordination or management of your health care and related services among health care providers or by a healthcare provider with a third party, consultation between health care providers regarding you or the referral of you from one healthcare provider to another.

PAYMENT: Your PHI may be used and disclosed for payment which encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums to fulfill their coverage responsibilities and provide benefits under the plan and to obtain reimbursement for the provision of health care.

HEALTH CARE OPERATIONS: Your PHI may be used and disclosed for healthcare operations for certain administrative, financial, legal and quality improvement activities that are necessary to run its business and to support the core functions of treatment and payment.

EMERGENCY SITUATIONS: Our office and/or doctor may use or disclose your PHI in an emergency treatment situation. If an emergency situation happens to arise, we are not required to obtain a written acknowledgment for you of our notice of policy practices until after the emergency situation has ended.

MINIMUM NECESSARY SITUATIONS: Our office and/or doctor will make reasonable efforts to limit the use and disclosure of, and requests for your PHI to the minimum necessary to accomplish the intended purposes.

EMPLOYEE LIMITATION: Your doctor will also limit the use and disclosure of your PHI to members of his/her staff to those who may need access to your PHI for treatment, payment and health care options.

PUBLIC HEALTH PURPOSES & ACTIVITIES: Your PHI may be disclosed to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury or disability which would include reporting of disease or injury, reporting vital events like births or deaths and conduction public health surveillance, investigations or interventions. In addition, your PHI may be disclosed for public health activities like child abuse or neglect, quality, safety or effectiveness of a product or activity regulated by the FDA and persons at risk of contracting or spreading disease as well as workplace medical surveillance. Again, this information will be limited to the minimum amount necessary to accomplish the public health purpose.

BUSINESS ASSOCIATE CONTRACT: A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, as a covered entity i.e: health care provider, health care plan or clearinghouse. Your PHI may be used or disclosed to a business associate provided we obtain satisfactory assurances from the business associate that the business associate will safeguard your PHI it receives or creates for the misuses and will use the information only for the purposes for which it was engaged to do and not the business associated independent use or purposes, except as needed for proper management and administration of the business associate.

RESEARCH PURPOSES: Your PHI may be used or disclosed for research purposes which has been de-identified and/or you have authorized the use and disclosure of your PHI. Workers Compensation purposes - Due to the variability among state laws the privacy rule permits disclosure of your PHI for purposes as authorized by and to the extent necessary to comply with Workers Compensation laws without your authorization and no minimum necessary determination is required.

MARKETING PURPOSES: Your PHI may be used and disclosed for marketing purposes if it is in the form of a face-to-face conversation or a communication involving a promotional gift of nominal value by the covered entity i.e: health care provider or clearinghouse. Marketing is

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defined as making a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. This type of marketing has certain exceptions, which do not require authorization for the use and disclosure of your PHI and are listed as follows: (1) A communication is not marketing if it is made to describe a health related product or service that is provided by or included in a plan of benefits of the covered entity making the communication (2) a communication is not marketing if it is made for treatment of the individual (3) a communication is not marketing if it is made for case management or care coordination for the individual or to direct or recommend alternative treatments, therapies, health care providers or settings of care to the individual.

PERSONAL REPRESENTATIVE: Your PHI may be used and disclosed, under state law, to a person who is authorized to act on your behalf in making your health care related decisions.

LEGAL PROCEEDINGS: Your PHI may be disclosed if requested by any judicial or administrative proceedings, court order, a subpoena, law enforcement purposes, etc.

MISC. USES AND DISCLOSURES OF YOUR PHI: We may use a sign in sheet at our front desk so our staff can easily see who is seeking care. We are allowed to use and disclose your name in the waiting room when your doctor is ready to see you. We may use and disclose your PHI to contact you to remind you of your appointment, We are also allowed to use and disclose your name and address to send you a newsletter about our practice and services we offer. In addition, we may send you information about products or services that we feel may benefit you.

Patients Rights to Access and Control their PHI:

The privacy rule allows you certain rights with regard to your records, which are as follows:

- You have the right to review and receive copies of your records as it relates to your own care.
- Your request would have to be put in writing and the law requires that your doctor respond within 30 days of your request. In addition, your doctor is allowed to deny you access to your records, but only if it is going to cause you, or someone else, harm. If your doctor denies you access to your records, the denial has to be referred to a health care review professional, which would be the privacy officer who was designated. Your doctor is allowed to charge a copy fee, which should not exceed the state allowance.
- You have the right to request that the use and disclosure of your PHI be restricted. This means you have the right to request restrictions on how your doctor will use or disclose your PHI about treatment, payment and health care operations. Your doctor is not required to agree to you request for restriction, but would be bound by any restrictions to which you and your doctor agree upon.
- You have the right to request and receive confidential communications from your doctor by alternative means or at an alternative location.
- Your doctor must accommodate your request, provided it is reasonable, and you clearly state that not doing so could endanger you.
- You have the right to request amendments to your records.
- If changes are made to your record it does not mean that your doctor will destroy his or her records or your doctor will rewrite their records, it means that your doctor will add an addendum to your current records to reflect your changes. Your doctor has the right to deny or reject your request to change your records, but you have the right to submit a statement in the medical record that you disagree. Your doctor also has the right to add to the record a rebuttal statement.
- You have the right to receive your doctor's notice of privacy practices.
- The law requires that your doctor provide you in writing their policy on how they are protecting and using your PHI.
- You have the right to revoke an authorization
- The revocation can be done at any time provided it is in writing. There is an exception to revocation, that is, if your doctor has taken any action in reliance on the use or disclosure indicated in the doctor's authorization notice.

Patient's Right to file a Complaint:

If you believe that any of your privacy rights have been violated by us, you can file a written complaint with our privacy officer (Please see Amy at the Farmington Office for complaint form). Your complaint must be filed within 180 days of when you knew or should have known that the act had occurred. In addition, you can also file a written complaint either on paper or electronically with the office of civil rights. Please note that the privacy law prohibits our office from taking any retaliatory actions against you.

Patients Written Acknowledgments of Doctors Notice of Privacy Practices:

I _____, acknowledge that I have read and was offered a copy of Dr. Dean A. Chancey, D.C. a.k.a Farmington Chiropractic, LLC (Skowhegan Chiropractic), Notice of Privacy Practices and fully understood same and have had all my questions answered to my satisfaction.

Patient Signature: _____ Date: _____

Privacy Officer Signature: Amy A. Tibbetts Date: _____

Amy Tibbetts, Farmington Chiropractic, LLC