

**Notice of Privacy Policies for  
Lake Wylie Family Chiropractic  
And Doc Marcia, LLC  
244 Latitude Lane, Suite 104  
Lake Wylie, SC 29710**

**Our privacy officer is Janine Stack.**

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

At Lake Wylie Family Chiropractic and Doc Marcia, LLC, we are committed to treating and using protected health information about you responsibly. This notice is effective January 1, 2009, and applies to all protected health information as defined by federal regulations.

**Your Health Information Rights**

Although your health record is the physical property of LWFC/DM, the information belongs to you.

- You have the right to inspect and copy your protected health information,
- You have the right to request a restriction of your protected health information,
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location,
- You may have the right to have your doctor amend your protected health information, and
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

## **Our Responsibilities**

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information change, we will post the changes on our website—[www.doctorhartley.com](http://www.doctorhartley.com) and/or [www.docmarcia.com](http://www.docmarcia.com). We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the practice's Privacy Officer in writing—Janine Stack, 244 Latitude Lane, Suite 104, Lake Wylie, SC 29710.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*  
US Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201

## **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

**For example:** Information obtained by a chiropractor or other member of the health care team will be recorded in your file and used to determine the course of treatment that should work best for you.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**For example:** Members of the medical staff or members of the quality improvement team may use information in your health records to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

## **Other Permitted and Required Uses of Your Protected Health Information**

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and copy services we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your insurance company for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with Family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Funeral Directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

*Abuse and Neglect:* We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse and neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### **Who Will Follow This Notice**

- All employees, staff, and other office personnel,
- Any health care professional authorized to enter information into your office chart,
- Any member of a volunteer group we allow to help you while you are in the office,
- Any medical student, intern, resident, or fellow that we allow to help you while you are in the office,
- Any representative of an insurance carrier, managed care organization, clinical research organization, data analysis organization, or quality improvement organization that is participating in a review of your medical care.

This notice was published and becomes effective on January 1, 2009;

Re-written February 1, 2012.