

## 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 it carefully.

### Uses and Disclosures

**We may disclose your protected health information without your written consent, written authorization, or oral agreement for the following purposes.**

**Treatment.** Example: We may use your health information within our office to provide health care services to you or we may disclose your health information to another provider if it is necessary to refer you to them for services

**Payment.** Example: We may disclose your health information to a third party such as an insurance carrier, an HMO, a PRO, or your employer, in order to obtain payment for services provided to you.

**Health Care Operation.** Example: We may use your healthcare information to conduct internal quality assessment and improvement activities and for business management and general administrative activities.

**We may use or disclose your protected health information without your written consent, written authorization or oral agreement under the following circumstances.**

- If we provide services while you are an inmate.
- If we provide services to you in an emergency treatment situation.
- If we are required by law to provide services to you and we are unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communication and we determine, in the exercise of our professional judgment, that you intend for us to treat you.
- If we need to notify, or assist in the notification of, a family member, personal representative or another person responsible for your care of your location, general condition or death.
- If we are required by law to disclose your health information to a public health or other government authority that is authorized to receive reports of child abuse or neglect.
- If we are required to disclose your health information to the Food and Drug Administration.
- If we are required to disclose your health information to your employer to evaluate whether you have a work-related injury or illness.
- If we are required by law to disclose your health information to a government authority authorized to receive reports of abuse, neglect or domestic violence.
- If we are required to disclose your health information in response to a court order or subpoena.
- If we are required to disclose your health information to law enforcement official.
- If we are required to disclose your health information to a coroner, medical examiner or funeral director.
- For research purposes.
- If we, in good faith, believe that the disclosure of your health information is necessary to prevent a serious threat to the health and safety of others.
- If we are authorized by law to disclose your health information to comply with the laws established to provide benefits for work-related injuries or illnesses.

**WITH THE EXCEPTION OF THE ABOVE CIRCUMSTANCES, ANY USE OR DISCLOSURE OF YOUR HEALTH INFORMATION WILL MADE ONLY WITH YOUR WRITTEN AUTHORIZATION. YOUR WRITTEN AUTHORIZATION MAY BE REVOKED, IN WRITING AT ANY TIME EXCEPT TO THE EXTENT THAT WE HAVE PROVIDED SERVICES OR TAKEN ACTION IN RELIANCE ON YOUR AUTHORIZATION.**



Jasmine Craner D.C., C.S.C.S  
Erik Hensel D.C.

1156 Dublin Rd. Suite 102  
Columbus, OH 43215  
(614) 407-5335

---

### Your rights

**Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. However, we are not required to agree to the requested restrictions. Your request will limit the use and/or disclosure of your health information must be made in writing to our privacy official.

**Right to receive Confidentiality Communications.** You have the right to receive confidentiality communications concerning your health information. Your request to receive confidential communications must be made in writing to our privacy official. We will accommodate all reasonable requests by you to receive your health information at a place other than your home address or by other means other than regular mail.

**Right to inspect and/or copy.** You have the right to inspect and/or copy certain health information as long as that information remains in your record. Your request to inspect and/or copy your health information must be made in writing to our privacy official. **Right to Amend.** You have the right to request that we amend certain health information for as long as that information remains in your record. Your request to amend your health information must be made in writing to our privacy official and you must provide reason to support the requested amendment.

**Right to Receive an Accounting.** You have the right to receive an accounting of our disclosures of your health information made (6) years prior to the date of request. We will provide you with the (1<sup>st</sup>) accounting in any twelve-(12) month period at no charge. There will be a fee charged for any subsequent request. Your request to receive an accounting must be made in writing to our privacy official. The accounting will not include the following disclosures: Disclosures made to carry out treatment, treatment and healthcare operations (TPO); Disclosures made to you; Disclosures made in our facility directory; Disclosures made to individuals involved in your care; Disclosures made for national security or intelligence purposes; Disclosures made to correctional institutions or law enforcement officials; and Disclosures made prior to the compliance date of this HIPPA Privacy Rule.

**Right to Receive Notice.** You have the right to receive a paper copy of this notice, upon request.

### Our Duties

We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of this notice and to make the new notice provisions effective for all of the protected health information that we maintain. If we make a change in the terms of this notice, we will notify you in writing and provide you with a paper copy of the new notice, upon request.

### Complaints

You may complain to us and the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by writing to our privacy official at the address that follows. We will not take any actions against you for filing a complaint.

**How to Contact Us.** If you would like further information about our privacy practices, please contact:

Active Edge Chiropractic  
1156 Dublin Rd. Suite 102  
Columbus, OH 43215

Phone: (614) 407-5335  
info@activeedgechiropractic.com