

NOTICE OF PRIVACY PRACTICES

Effective Date: January 01, 2012

THIS NOTICE DESCRIBES HOW
PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

If you have any questions or complaints, please contact:

McGlynn Chiropractic
2237 Valley Road
Jamison, PA 18929
Phone: (215) 491-7533
Fax: (215) 4919446
Admin@McGlynnChiropractic.com

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We understand that protected health information (PHI) about you and your health is personal, and we are committed to protecting this information. This Notice applies to all of the records of your care generated by MC, whether documented by MC personnel or your personal doctor(s).

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

The law requires us to:

- make sure that PHI identifying you is kept private;
- notify you about how we protect PHI about you;
- explain how, when, and why we use and disclose PHI; and
- follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by:

- posting the revised Notice in our office;
- making copies of the revised Notice available upon request; and
- posting the revised Notice on our website.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following describe different ways that we may use and disclose PHI without your written authorization:

- **For Treatment Purposes** (such as sharing information about your care with members of our staff to assist in your treatment or care, or with your physician as part of efforts to coordinate your treatment or care).
- for specialized governmental functions (such as military operations, national security, etc.);
- for auditing purposes;
- for certain research studies;

- for workers' compensation purposes;
- for emergencies or disaster relief;
- to persons involved in your care or payment related to your care; and
- for notification purposes with respect to your care, condition, location, or death.

OTHER USES AND DISCLOSURES

We will obtain your written authorization before using or disclosing your PHI for any other situation. You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend, or other person identified by you PHI directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition, or death.
- We may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

If you would like to object to the use and disclosure of PHI in these circumstances, please make a request in writing to our contact person listed on the front page of this Notice.

MC staff may also share PHI about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose PHI about you to people outside SIH who may be involved in your medical care, such as therapists or others we use to provide services that are part of your care.

We may use and disclose PHI to contact you about appointment reminders, treatment alternatives, or for fundraising purposes.

For Payment Purposes (such as verifying your insurance coverage or providing information needed for your health insurance plan to cover and pay for the claim for services that we provide to you). For example, we may need to give your health plan information about services you received at MC so your health plan will pay us or reimburse you for the services. We may also tell your health plan about the services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations (such as quality assessment and improvement activities, case management, coordination of care, business planning, customer services, and other activities). These uses and disclosures are necessary to run the facility, reduce health care costs, and make sure that all of our patients receive quality care.

For example, we may use PHI to review our treatment and services and to evaluate the performance of the who is providing your services. We may also combine PHI about many MC patients to decide what additional services MC should offer, what services are not needed, and whether certain new treatments are effective.

We may also disclose PHI to doctors, nurses, technicians, medical students, and other MC personnel for review and learning purposes. We may also combine the PHI we have with PHI from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific patients are.

OTHER USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

We may use or disclose PHI about you without your authorization for several other purposes required or permitted by law. Subject to certain requirements, we may use or disclose your PHI without your authorization as follows (some of the disclosures set forth below may never occur at our facilities):

- to you upon request or as required by law;
- when required by the Secretary of the Department of Health and Human Services;
- for public health activities (such as reporting information to agencies authorized by law to collect information for purposes of preventing or controlling diseases, injuries, or disabilities; preparing reports to the FDA; maintaining vital health records such as for births and deaths, etc.);

- to our business associates;
- to your personal representatives;
- for certain incidental uses or disclosures;
- for face to face communications that we make with you regarding products or services;
- to provide gifts of nominal value to you or your family;
- to correctional institutions if you are an inmate;
- to help prevent or control communicable diseases;
- to your employer in limited circumstances, typically related to work place injuries or medical surveillance;
- for reporting abuse, neglect, or domestic violence;
- for health oversight activities authorized by law (such as civil or criminal investigations, audits, licensure, disciplinary proceedings, etc.);
- for judicial and administrative proceedings (such as in response to court orders, discovery requests, etc.);
- for law enforcement;
- to funeral directors, coroners, and medical examiners;
- for purposes of organ, eye, or tissue donation;
- to avoid a serious threat of harm to health and safety;
- for specialized governmental functions (such as military operations, national security, etc.);
- for auditing purposes;
- for certain research studies;
- for workers' compensation purposes;
- for emergencies or disaster relief;
- to persons involved in your care or payment related to your care; and
- for notification purposes with respect to your care, condition, location, or death.

OTHER USES AND DISCLOSURES

We will obtain your written authorization before using or disclosing your PHI for any other situation. You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend, or other person identified by you PHI directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition, or death.
- We may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

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of PHI in these circumstances,
please make a request in writing to our contact person listed on the front page of this Notice.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

In most cases, you have the right to look at or obtain a copy of PHI that we maintain about you. We may charge a fee for costs related to your request. We may, under certain circumstances, deny your request but if we do, you can obtain a review of that denial by another licensed health care professional that we designate.

You also have the right to receive an "accounting", which lists certain instances when we have disclosed PHI about you for reasons other than treatment, payment, or health care operations. The request can cover a time period no longer than six years from the date of disclosure. Your first request in a 12-month period is free. After that, we may charge for costs related to additional requests.

If you believe that information in your record is incorrect, or if important information is missing, you also have the right to request that

we correct the existing information or add the missing information. We have the right to deny such a request under certain circumstances.

You have the right to request that your health information be communicated to you in a confidential manner such as asking that we contact you at work rather than at home.

You may request that we restrict how we use or disclose information about you for treatment, payment, or health care operations or to persons involved in your care (except when specifically authorized by you, when required by law, or in emergency circumstances). We will consider your request for such restrictions, but are only bound by them if we agree to them.

To exercise any of the rights described above, please make a request in writing to our contact person listed on the front page of this Notice.

YOU MAY FILE A COMPLAINT ABOUT
OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with the contact person listed on the front page of this Notice. You may also file a written complaint with the Secretary of the United States Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint. You will not be retaliated against for filing a complaint.