

BULLER CHIROPRACTIC CLINIC

NOTICE OF PRIVACY PRACTICES

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

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect on April 14, 2003 and will remain in effect until we replace it.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency)

In the course of your care as a patient at Buller Chiropractic Clinic we may use or disclose personal and health related information about you in the following ways:

- *Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- * Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for payment of your services.
- *Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine. Further, you have the right to obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances.

- *If we are providing health care services to you based on the orders of another health care provider.
- *If we provide health care services to you in an emergency.
- *If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- *If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.
- *If we are ordered by the courts or another appropriate agency.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home, or if you would like the information in a different form, please advise us in writing as to your preference.

You have the right to inspect and/or copy your health information for seven years from the last date on record, or as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy, or amend your health related information should be provided to us in writing.

You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must

make a request in writing to obtain access to your health information. You may obtain a form to request access to your records from the privacy manager listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$.50 for each page, \$0 per hour for staff time to locate and copy your health information, \$5 per copy page of x-rays, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of our fee structure)

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to: Dr. Jeffrey Buller 248-652-9191.

If you would like further information about our privacy policies and practices please contact: Dr. Jeffrey Buller 248-652-9191.

This office utilizes an "open-adjusting" environment for ongoing patient care. "Open adjusting" involves several patients being seen in the same adjusting room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. We have found this arrangement has many benefits for our patients. The greater efficiency allows us to greatly shorten waiting time (most days you will not have to wait at all) and the doctors' advice on healthy living is beneficial for all to hear. This environment is not used for providing examinations or presenting report of findings. These procedures are completed in a private confidential setting. Personal or embarrassing topics will not be discussed in this open forum, but anything you discuss with the doctor can and will be overheard by other patients. If you wish to discuss a private matter with the doctor, please notify a team member at the front desk so you may be seen separately. It is not necessary for you to tell the team member the subject of the discussion.

If you choose not to be adjusted in an open-adjusting environment other arrangements will be made for you. We have a separate room to adjust those patients that do not want to participate in Open Room Adjusting. Please note that, if you make this choice, you may have to wait longer to see the doctor and your choice of appointment times may be limited. If you wish to be adjusted away from the Open Adjusting Room, please notify the team member at the front desk for special accommodations.

This office periodically videotapes certain doctor/patient communications. These tapes are used for training purposes. By signing this form, you are giving us permission to periodically videotape communications you have with the doctor.

The person to contact at this office for all intents and purposes of this notice is:

Dr. Jeffrey Buller
294 W. Tienken Rd.
Rochester Hills, MI 48306
248-652-9191
Fax 248-652-9739

This notice is effective as of April 14, 2003. This notice, and any alterations or amendments made hereto will expire in seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

Name (Please Print)

Signature

Date

Buller Chiropractic Clinic * 294 W. Tienken Rochester Hills, MI 48306 * 248-652-9191