**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.

North Coast Chiropractic/The Drugless Doctors is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information about the privacy practices at North Coast Chiropractic/The Drugless Doctors please contact: Anthony DeMaria, Privacy Officer

2001 Crocker Rd. #100

 Westlake, OH 44145 440-471-4200

Effective Date of this Notice: 04/23/2019

**How North Coast Chiropractic/The Drugless Doctors may Use of Disclose your Health Information**

North Coast Chiropractic/The Drugless Doctors collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of North Coast Chiropractic/The Drugless Doctors, but the information in the medical record belongs to you. North Coast Chiropractic/The Drugless Doctors protects the privacy of your health information. The law permits North Coast Chiropractic/The Drugless Doctors to use of disclose your health information for the following purposes:

1. Treatment. North Coast Chiropractic/The Drugless Doctors utilizes an open adjustment format. A private consultation can be scheduled at times other than the treatment procedure. We may call you by name in the waiting or adjusting room. We may also use a sign-in sheet at the registration desk where you will be asked to sign your name. The patient’s therapy protocol is determined by objective findings including but not limited to x-ray findings, postural alignment, twin scale measurement, palpitation and orthopedic testing. This information may be requested by 3rd party insurers. No information is provided without the patient’s written permission.
2. Payment. Patients have payment arrangements made at the time of the financial report. The patients are required to sign their choice(s) of payment with or without insurance assistance. Patients are responsible for all deductibles and co-payments as the go or in advance. Monthly credit card auto pay and checking withdrawal are available for your convenience. No financial information is released without the patient’s permission. Example: An auto carrier insured wants to know how much money has been paid by the injured patient from a motor vehicle accident that was caused by one of their other insured.
3. Regular Health Care Operations. Regular interval examinations are completed on the patient at recommended times. The exams include consultation, postural, orthopedic, physiologic and x-ray procedures. The information gathered in these sessions is reported at a private consultation time. We may use or disclose, as needed, your protected health information in order to support the business activities of your chiropractor’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of chiropractic students, substitute chiropractors, doctors who observe our practice, licensing, marketing, fundraising activities, and conducting or arranging for other business activities. The information learned/gathered may be requested by a 3rd party for prognosis evaluation and will only be released to a 3rd party upon the patient’s approval.
4. Information Provided by North Coast Chiropractic/The Drugless Doctors. We will attempt to make every effort to satisfy all information requests with the written permission of the patient.
5. Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by Law. As required by law, we may use and disclose your health information.
7. Public Health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease of infection exposure.
8. Health Oversight Activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Judicial and Administrative Proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
10. Law Enforcement. We may disclose your health information to law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.
12. Public Safety. We may disclose your health information to appropriate persons in order to prevent of lessen a serious and imminent threat to the health or safety of a particular person or the general public.
13. Worker’ Compensation. We may disclose your health information as necessary to comply with worker’s compensation laws.
14. Marketing. We may contact you to provide appointment reminder or to give you information about other treatments or health related benefits and services that may be of interest to you. We may mail appointment reminders, announcement or greeting cards to your home. Your name or picture may be used on, including but not limited, to a “Thank You for Referring”, “Welcome to Our Office” or office bulletin board unless you specifically request us not to do so.
15. Health Plan. We may disclose your health information to the sponsor of your health plan.
16. Change of Ownership. In the event that North Coast Chiropractic/The Drugless Doctors is sold or merged with another organization, your health information/record will become the property of the new owner.
17. In Addition. We may use your health information to call you to remind you of, cancel, or re-schedule an appointment or to discuss your plan of care. We may leave a message on your answering machine or voice mail regarding your personal health information.
18. On Site Video Surveillance. Our practice uses onsite video surveillance for both your protection and ours. Images and audio are recorded 24 hours a day for the purpose of crime prevention and public safety.

**When North Coast Chiropractic/The Drugless Doctors May Not Use or Disclose Your Health Information.**

North Coast Chiropractic/The Drugless Doctors will not use or disclose your health information without your written authorization except as described in this Notice of Privacy Practices. If you do authorize North Coast Chiropractic/The Drugless Doctors to use of disclose your health information for another purpose, you may revoke your authorization in writing at any time.

**Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. North Coast Chiropractic/The Drugless Doctors is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location by requesting information in writing with legal signature witnessed by notary public. There could be a charge for this based on our usually customary fees. You will be responsible to far for file withdrawal, research, transportation, shipping and handling. All requests will need to be paid prior to releasing (minimum fee $35). Example: This is our usual customary procedure for legal requests – attorneys seeking information for an MVA or you may contract directly with companies that copy on location.
3. You have the right to inspect and copy your health information.
4. You have a right to request that North Coast Chiropractic/The Drugless Doctors amend your health information that is incorrect or incomplete. North Coast Chiropractic/The Drugless Doctors is not required to change your health information and will provide you with information about North Coast Chiropractic/The Drugless Doctors’s denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by North Coast Chiropractic/The Drugless Doctors, except that North Coast Chiropractic/The Drugless Doctors does not have to account for the disclosures described in Parts 1(Treatment), 2 (Payments), 3 (Health Care Operations), and 4 (Information Provided to You) of the first section of the Notice of Privacy Practices.
6. You have a right to a paper copy of this Privacy Practices.

If you would like to have a more detailed explanation of these rights or would like to exercise one or more of these rights, contact Debbie DeMaria at 440-471-4200.

**Changes to this Notice of Privacy Practices**

North Coast Chiropractic/The Drugless Doctors reserves the right to amend the Notice of Privacy Practices at any time in the future. Until such amendment is made, North Coast Chiropractic/The Drugless Doctors is required by law to comply with this notice.

A revised notice will be posted at the office at 2001 Crocker Road Suite 100, Westlake, Ohio 44145.

**Complaints**

Complaints about this Notice of Privacy Practices or how North Coast Chiropractic/The Drugless Doctors handles your health information should be directed to:

Anthony DeMaria, Privacy Officer

2001 Crocker Rd. #100

 Westlake, OH 44145

440-471-4200

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services

Office of Civil Rights

Hubert H. Humphrey Bldg.

200 Independence Ave, S.W.

Room 509F HHH Building

Washington, DC 20201