

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Protecting your Privacy

We understand that your health information is personal. We pledge to protect the privacy of your health information. We create a record about the care you receive as our patient or client. The record includes your name, address, telephone number, birth date, as well as your health information.

This Notice of Privacy Practices tells you about the ways we may use or disclose your health information. The Notice also describes your rights and our duties regarding the use or disclosure of your health information.

Our Legal Duties

We are required to keep your health information private, give this Notice to you, and describe our legal duties and privacy practices, and your rights regarding your health information.

The effective date of the Notice is printed on the last page. The Notice is posted on our website at www.moalepe.com. You may contact us to request a copy of the current Notice.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this Notice. Before we make an important change in our privacy practices, we will change the Notice, post the new Notice, and make copies of the new Notice available upon request.

When You Receive this Notice

You will be asked to sign a form to show that you received the Notice. If you do not sign the form, we will continue to care for you, and we will use or disclose your health information as needed for treatment, payment or health care operations.

How You May Use or Disclose Your Health Information

On the next few pages, we describe the ways we may use or disclose your health information. For each type of use or disclosure, we explain what we mean and give one or more examples. We are not able to list every possible example.

How Your Health Care Information May Be Used

Medical information, including health history, is collected from you upon your initial visit and on subsequent visits, and is then stored on your health chart and in your patient file.

Your medical chart is referred to in this practice as a “travel card” and contains the most relevant information the doctor needs during your visits. While you are an active patient, your travel card is stored in an open filing system that is accessible to our staff. This open filing system is off-limits to anyone but our staff.

Any additional health information or related documents are stored in your patient file. Active and non-active patient files are kept in secured storage and are off-limits to anyone but our staff.

Medical information will be used in the assessment of your condition and in the need for health care or referral purposes. Some of your medical information will be transferred to a computer program for the purposes of retrieval, storage, scheduling, billing, and payment purposes.

The medical information contained on your travel card and in your patient file will be stored by the Network Wellness Center for a period of no less than seven (7) years.

Disclosure of Your Health Care Information

Treatment

We use your health information to treat or serve your health needs.

We may disclose your health care information to the other doctors and staff within our practice for the purpose of treatment, payment or healthcare operations.

In addition, we may also disclose your health care information to the person or persons responsible for your health care, such as a parent, other family members or a nurse.

It may be necessary to seek consultation regarding your condition from other health care providers associated with the Network Wellness Center.

Payment

The health care we provide is considered Wellness or Preventative Maintenance Care.

We may also provide you with an itemized billing statement that does not contain health information, but will contain the dates of your wellness visits and a listing of charges.

In the case a patient submits the itemized billing statement not intended for insurance company reimbursement, and your health insurance requests your health information, then your health information may be disclosed to your health insurance company.

In the event of an overdue balance, it is our policy to send a billing notice to your primary address on file.

This billing notice does not contain medical information, but will contain the dates of your recent visits and a listing of overdue charges.

Health Care Operations

We may use or disclose your health information to support our day-to-day activities related to health care. For example:

We may use your health information to evaluate the skills of the employees who cared for you.

We may use your health information to measure and improve the quality of our services.

Incidental Disclosure

Network Wellness Center maintains an open adjusting room and an open reception area. The doctors or staff may need to discuss an aspect of your health care or health care information with you while you are in these areas, such as when scheduling appointments, collecting payment or during your adjustments. While these communications are intended to be private, please know that it may not be possible to prevent another patient from overhearing these conversations. If you need to have a completely private discussion with the doctor regarding your care, you may request to schedule a private discussion with the doctor, either in person or by telephone.

In addition, during your adjustments your travel card will be kept on a table next to you for the purpose of the doctor recording notes. While not immediately viewable by other patients, your travel card does contain medical information and will be in a supervised but open area.

As a courtesy to our patients, we may make a reminder call to your home or work after any missed appointments. If you are not at home or at work, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than a request to call our office to reschedule your appointment.

As an additional courtesy, it is also our policy to call your home or work two working days prior to any scheduled initial visits, report of findings, SRI or reevaluation appointments. As stated above, if you are not at home or at work, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled initial visit, report of findings, SRI or reevaluation appointment, along with a request to call our office if you need to cancel or reschedule your appointment.

We may from time to time offer various classes or groups. Sign-up sheets for these groups will be available to patients at the front reception desk. These sign-up sheets will not contain any personal health information, but will display the topic of the class or group and the name and phone number of each person who has signed up.

During these classes or groups, patients may be asked to share about their medical or health experiences for the purposes of education or other group purposes while other practice members are present. Participation in this type of activity during these classes or groups is not mandatory.

We may, as a courtesy, place reminder calls prior to these scheduled classes and groups to the people who have signed up. If you are not at home or at work, we will leave the reminder message on your answering machine or with the person answering the phone. Again, no personal health information will be disclosed during this recording or message other than the date and time of the upcoming class or group along with a request to call our office if you need to cancel or reschedule.

These courtesy calls are made during normal business hours at the open reception area, and as such these calls may be overheard by patients in the reception area at that time.

Network Wellness Center may maintain a bulletin board or binder with posted business cards, event notices and services provided by our patients. This board or binder does not contain any personal health information but is viewable by anyone that comes into the practice. All material posted on the bulletin board or put in the binder is reviewed and approved by staff prior to being posted.

When a new patient begins to receive care from the Network Wellness Center, it is our practice, as a token of gratitude, to give a thank-you card to the patient that referred them, if any.

We may use computerized surface EMG, thermography, or posture analysis programs to assist in patient health care. A hard copy printout containing their name and results may be given to the patient. This information is also saved in the computer.

From time to time, the Network Wellness Center conducts spinal screenings in public venues using computerized surface EMG that displays the reading on a computer screen. This computer screen may be visible to the public. In addition, a hard copy printout which contains their name and their results is given to the patient. This information is saved in the computer as a record of the screening.

Marketing

We may contact you for marketing purposes or fundraising purposes.

We may participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you an email, a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Network Wellness Center sponsored fund-raising events.

Change of Ownership

In the event that Network Wellness Center is sold or merged with another organization, your health information/record will become the property of the new owner.

You May Object to Some Uses or Disclosures

Unless you tell us not to, we may disclose your health information to a family member, friend or other person who is involved in your care or payment for your care. For example, we may ask your husband to pay if he is responsible for payment, or we may ask your wife to deliver to you acute home care instructions you may need.

If you need emergency treatment or if you are unable to communicate (for example, you are unconscious or in a lot of pain), we may disclose your health information to a family member or friend if we think the disclosure is in your best interest. When the emergency is over, or when you are able to communicate, you may inform us of your wishes.

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition in the event of an emergency or of your death.

Uses or Disclosures Without Your Authorization

1. Required By Law. We use or disclose health information if a law or rule requires or permits the use or disclosure. We will disclose health information to the Secretary of the Department of Health and Human Services if the Secretary wishes to check how we are following the law and protecting your health information.

2. **Public Health.** As required by law, we disclose 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 or infection exposure.
3. **Court Orders and Other Legal Proceedings.** We disclose health information in response to a court order, discovery request or subpoena, under certain circumstances.
4. **Law Enforcement** We may disclose your health information to a 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.
5. **To Avoid Harm.** To avoid a serious threat to the health or safety of a person or the public, we may disclose health information to the police or other persons who can prevent or lessen the threat.
6. **Funeral Arrangements.** We may disclose health information about a person who has died to a funeral director, coroner or medical examiner, to help them carry out their duties.
7. **Military Activity or National Security.** We may disclose your health information for military, national security, prisoner and government benefits purposes. We may disclose health information about Armed Forces personnel to military authorities. We may disclose health information to federal officials who conduct national security or intelligence operations such as protecting the President of the United States.

Your Authorization is Required for All Other Uses or Disclosures

We will not use or disclose your health information for any purpose that is not listed above on pages 1 through 6, unless you have given us a signed authorization form. If, after signing the authorization form, you change your mind, you may ask us to stop any future use or disclosure. You must make your request in writing. We will honor your request, but we cannot undo any of the uses or disclosures we made, based upon your authorization, before we have received your request.

Restricted Health Information

Special restrictions apply to the use or disclosure of health information about AIDS or HIV infection, mental illness, or treatment for alcohol and/or drug abuse. We will not disclose these types of health information without your authorization, unless otherwise required or permitted by law.

Your Protected Health Information Rights

You have the following rights with regard to your protected health information:

1. **The right to ask us not to use or disclose your health information for treatment, payment or health care operations or request restrictions on certain uses and disclosures of your health information.** You must make your request in writing. We will review your request. Please be advised, however, we are not required to agree to the restriction that you requested. If we agree to your request, we will honor it, except in an emergency. We may later decide to end the agreement. If we do, we will tell you of our decision. You also have the right to change your mind and revoke an agreed-upon restriction.
2. **The right to ask us to send health information to you in a different way.** You may ask us to send information to you at a different address (for example, your work address instead of your home address) or in a different way (for example, by e-mail instead of regular mail). We will agree to your request as long as it is reasonable.
3. **The right to ask to see or get a copy of your health information** You must make your request to access your medical records in writing. Upon proper notification and request, access to your records and/or a copy of your health information will be provided to you within 30 days. We may charge a fee for copying and mailing costs.
4. **The right to ask us to correct or amend your health information.** If you think there is a mistake in your medical records or billing records or that important information is missing, you may ask us to correct your records or add the missing information. You must make your request to correct your medical records in writing, and explain the reasons for your request. Please be advised, however, we are not required to agree to amend your health information. We will respond to your request within 60 days. If we approve your request, we will change your health information, and tell you that we have made the change. We will also tell others who need to know about the change to your health information.

In some situations, we may deny your request. If we deny your request, we will tell you, in writing, our reason(s) for the denial. We will also explain that you can write a statement of disagreement. Or

you can ask us to attach your request and our denial to all future disclosures of your health information.

You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Complaints

If you think that your privacy rights have been violated, or have complaints how we have handled your health information or you disagree with a decision we made about access to your health information, you may contact us at our office.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to the United States Department of Health and Human Services (DHHS), Office of Civil Rights, 200 Independence Avenue, S. W. , Washington, DC 20201.

This notice is effective as of February 6, 2017.

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