

3. You have the right to inspect and copy your health information.

4. You have a right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information and will provide you with information about any 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 us, except for the disclosures related to treatment, payment, health care operations information provided to you, schedule list and certain government functions as set forth in section I of this Notice of Privacy Practices.

6. You have the right to request a restriction or limitation on your protected health information. For example you may request that we not disclose certain information to your health plan when you have opted to pay the full charges

7. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact

Hope Walker, Office Manager
Newcomb Chiropractic Clinic
400 N. Main, Suite 1
Broken Arrow, Ok 74012
(918) 251-4239

IV. 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 to make the new provisions effective for all

information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, we are required by law to comply with this Notice. If changed, a copy of this notice will be posted in the practice. A copy of the current notice will be available to you at any time by request.

V. Complaints

Complaints about this Notice of Privacy Practices or how we handle your health information should be directed to: Hope Walker, Office Manager

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 Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

NEWCOMB CHIROPRACTIC CLINIC

400 N. MAIN, SUITE 1

BROKEN ARROW OK 74012

Phone (918)251-4239 Fax (918)258-7200

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.

Newcomb Chiropractic Clinic 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 questions about any part of this notice or if you want more information about our privacy practices, please contact us at the address shown above.

**Effective Date of This Notice: April 14, 2003
Revised August 1, 2013**

I. Uses or Disclosures of Health Information

We collect health information from you and store it in a chart and on a computer. This is your medical record. The medical record is the property of this clinic, but the information in the

medical record belongs to you. We protect the privacy of your health information. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We may use and disclose your protected health information to another health provider, specialist, hospital, or other health care facility as necessary to provide treatment to you. For instance, you may have another doctor, specialist, laboratory or physical therapist that is assisting in your care. We would give information to them necessary for that care.

2. Payment. We may use and disclose your health information as needed to file claims for benefit payments from your insurance company, other entity, or person considered responsible for payment of charges for your treatment. We may also disclose information to obtain prior approval or to determine the coverage level for treatment.

3. Regular Health Care Operations. We may use your health information for training purposes or to help make our office operations more efficient and accurate. Discussion of your particular condition or general condition may be necessary among our staff to achieve these goals.

4. Information provided to you.

5. Schedule List We may list your name and where you are located in our facility on our schedule list. This information as well as your general medical condition may be provided to other people who ask for you by name. If you do not want us to provide this information you must tell us that you object.

6. 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, and your general condition. Our health professionals will use their best judgment in communication with your family and others.

7. Required by law. As required by law, we may use and disclose your health information.

8. 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 or infection exposure.

9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

10. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

11. 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.

12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

13 Research. We may disclose your health information to researchers conducting research

that has been approved by an Institutional Review Board or our privacy board.

14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

16. Phone or mail contact. We may contact you to provide appointment reminders, news, announcements, or to check on your condition. If you are not at home, we may leave a message on your answering machine or with the person answering the telephone. You have the right to stop appointment reminders at your request.

II. When We May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. We are 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. Requests in writing will be considered.