

## **Way of Life Wellness Center Notice of Privacy Practices**

**Welcome!!** 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. Way of Life Wellness Center is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

### **Disclosure of Your Health Care Information**

#### **Treatment:**

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment and healthcare operations. (Example)

*“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Way of Life Wellness Center.”*

*“It is our policy to provide a substitute health care provider, authorized by Way of Life Wellness Center to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”*

#### **Payment:**

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. (Example)

*“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier if your case is a Personal Injury for the purpose of payment to Way of Life Wellness Center for health care services rendered. If you have personal health insurance that you would like to bill please inform us so that at the beginning of the current month we will print off an itemized statement for the prior month’s visits that you can mail to your insurance company and they will send reimbursement checks to you if they deem necessary. The billing statement contains medical information, including diagnosis, date of injury or condition and codes which describe the health care services received.”*

### **Judicial and Administrative Proceedings:**

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

### **Law Enforcement:**

We may disclose your health care 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.

### **Public Safety:**

It may be necessary to 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 to the general public.

### **Specialized Government Agencies:**

We may disclose your health information for military, national security, prisoner, and government benefits purposes.

### **Patient Testimonials:**

Most patients agree to share their personal testimony of how chiropractic (Network Care) has helped them. In the event that patients wish to share their chiropractic (Network Care) story to help encourage other patients, we will only do so with written consent of the patient.

### **Sign-In Sheet:**

Our office utilizes a sign in sheet for clerical purposes; if you choose not to sign in we can make other arrangements.

### **Telephone:**

We may contact you for purposes as described below. (Example)

*“As a courtesy to our patients, sometimes we may call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not home, 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 appointment along with a request to call our office if you need to cancel or reschedule your appointment.”*

*“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you 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 event. It is not our policy*

to disclose any personal health information about your condition for the purpose of Way of Life Wellness Center sponsored fund-raising events.”

**Change of Ownership:**

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

**Your Health Information Rights:**

- ~ You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Way of Life Wellness Center is not required to agree to the restriction that you requested.
- ~ You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of delivery, upon your request
- ~ You have the right to inspect and copy your health information.
- ~ You have the right to request that Way of Life Wellness Center amend your protected health information. Please be advised, however; that Way of Life Wellness Center is not required to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- ~ You have the right to receive an accounting of disclosures of your protected health information made by Way of Life Wellness Center.
- ~ You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

**Changes to this notice of Privacy Practice:**

Way of Life Wellness Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make new provisions effective for all information that it maintains.

Until such amendment is made, Way of Life Wellness Center is required by law to comply with this Notice. Way of Life Wellness Center 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 your privacy rights, please contact; Way of Life Wellness Center at 425-313-0433.

**Complaints:**

Complaints about your Privacy rights, or how Way of Life Wellness Center has handled your health information should be directed to Way of Life Wellness Center at 425-313-0433. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

This notice is effective as of \_\_\_\_/\_\_\_\_/\_\_\_\_

**I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Way of Life Wellness Center with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operation as described in the Privacy Notice.**

\_\_\_\_\_  
**Patient's Name (Print)**

\_\_\_\_\_  
**Patient's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Facility Signature**

\_\_\_\_\_  
**Date**