



Hartville Health and Wellness Centre
800 West Maple Street
Suite B
Hartville, OH 44632

NOTICE OF PRIVACY PRACTICES

Effective Date: November 1, 2024

Your Information. Your Rights. Our Responsibilities.

This notice explains your rights under the Health Insurance Portability and Accountability Act (HIPAA), a federal law that protects your health information and privacy. Your protected health information (PHI) includes any information that identifies you and relates to your health, treatment, or payment for services. It describes how medical information about you may be used and disclosed and how you can get access to that information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition(s)
- Provide disaster relief
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address worker's compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Business Associate Disclosures

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. For some of your rights, we may ask you to submit a request in writing. This helps us document and process your request accurately.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. If it is not feasible to provide your record in your chosen format, we will provide it in a mutually agreed-upon format. We prefer this request to be made in writing.
- If you request an electronic copy of your health records, we will provide it in a secure, electronic format when possible.
- We will provide a copy of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. The fee may include costs for copying, labor, and postage, if applicable.
- If we deny your request, we will provide a detailed written explanation, including any right you may have to appeal against the decision.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days, with the possibility of a 30-day extension if needed. We will notify you in writing if an extension is required.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Please submit requests in writing.
- While text is convenient, it may not be fully secure, meaning there is a risk that your information could be accessed by someone unauthorized. Please let us know if you prefer a more secure option, such as encrypted email or other communication.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment on our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our privacy officer by mail, phone, or email.

Ronald R. Weisel, II, DC
800 West Maple Street, Suite B
Hartville, OH 44632
(330) 877-3177

contact@hartvillechiropractic.com

- You can file a complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) by mail, phone, or online.

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue SW
Washington, D.C. 20201
(877) 696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints/

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. Any other use or disclosure of your PHI not described in this notice will only be made with your written authorization. You may revoke this authorization at any time by providing us with a written notice.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, friends, or others involved in your care. You can change your preferences at any time.
For patients under the age of eighteen (18), the parent or legal guardian typically exercises the patient's privacy rights, except in cases where the law grants specific rights directly to the minor (e.g., certain types of reproductive or mental health care).
- Share information in a disaster relief situation
If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Marketing: We will not use your health information to promote services outside our organization or sell your data to third parties for marketing purposes without your explicit consent.

Fundraising: In the case of fundraising, we may contact you for fundraising efforts.

You can tell us not to contact you for marketing or fundraising purposes at any time. Just let us know your preference.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Business Associate Disclosures

We may share your information with trusted partners known as Business Associates, who perform services on our behalf, such as billing or encrypted email services. For example, if we use an external company to manage appointment reminders, they are considered a Business Associate and must follow strict privacy rules to protect your information.

Our Responsibilities

- We will never share any substance abuse treatment records without your written permission.
- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. We never market or sell personal information.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

For more information regarding Notice of Privacy Practices:

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html>

Para nuestros pacientes de habla hispana: Una versión en español de este aviso está disponible a solicitud o en el enlace proporcionado.

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html>

PATIENT ACKNOWLEDGEMENT

By signing below, I acknowledge receipt of this Notice of Privacy Practices and understand its terms. I understand that I am entitled to a copy of this notice, and that I may contact the Privacy Officer for any questions or additional information. *If you choose not to sign, you will still have the right to receive treatment and access your health information.*

Patient Signature: _____ Date: _____

- If you choose not to sign, please check here to acknowledge receipt of this notice.