

NOTICE OF PRIVACY PRACTICES (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION CONCERNING YOU MAY BE USED AND DISCLOSED. in accordance with federal and state laws for the following purposes:

- We may contact you to provide appointment reminders.
- We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.
- We may disclose your medical information only to approved family members and persons.
- We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.
- We may disclose your medical information in the course of certain judicial or administrative proceedings.
- We may disclose your medical information for law enforcement purposes or other specialized governmental functions.
- We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.
- We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.
- We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights with respect to your medical information:

- You may ask us to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical information during the last 6 years
- You may request a paper copy of this Notice of Privacy Practices for Protected Health Information.
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact: The Manual Therapy International clinic at which you are a patient.

THIS NOTICE IS EFFECTIVE AS OF: May 2020.

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at dannijonespt.com and will make paper copies available upon request.

