

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

NOTICE OF PRIVACY POLICY – Morris Family Chiropractic Center, LLC.
Effective: September 15, 2013

The following is the privacy policy (“Privacy Policy”) of Morris Family Chiropractic Center, LLC (“Covered Entity”) as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated hereunder, commonly known as HIPAA. HIPAA requires a Covered Entity, by law, to maintain the privacy of your personal health information and to provide you with a notice of the Covered Entity’s legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or other healthcare providers, health plans, or through other means, if applicable. Your personal health information that is protected by law and broadly includes any oral, written or recorded information that is created and/or received by certain health care entities including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information containing data, such as your name, address, social security number and any other personal information that could be used to identify you as the individual patient who is associated with that health information.

Uses and/or Disclosures of Your Personal Health Information

Generally, we may not use and/or disclose your personal health information without your permission. Furthermore, once your permission has been obtained, we must use and/or disclose your personal health information in accordance with the specific terms of your permission. The following are circumstances under which we are permitted by law to use and/or disclose your personal health information:

Without Your Consent:

Without your consent, we may use and/or disclose your personal health information in order to provide you with the services and treatment you require or request, to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses and/or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

Examples of treatment activities include: (a) the provision, coordination or management of health care and related services by health care providers; (b) consultation between health care providers related to a patient; or (c) the referral of a patient for health care from one health care provider to another.

Examples of payment activities include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

Examples of health care operations include: (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) underwriting and premium rating; (e) medical review, legal services, and auditing functions; and (f) general administrative activities such as customer service and data analysis.

As Required By Law:

We may use and/or disclose your personal health information to the extent that is required by law and complies with and is limited to the relevant requirements of such law.

Examples of instances in which we are required to disclose your personal health information include: (a) public health activities including, preventing or controlling disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food, dietary supplements or product defects and/or problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury in order to comply with Federal or state law; (b) disclosures regarding victims of abuse, neglect, or domestic violence including reporting to social service or protective service agencies; (c) health oversight activities including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions or civil, administrative or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (d) judicial and administrative proceedings to an order of a court or administrative tribunal, a warrant, subpoena, discovery request or other lawful process; (e) law enforcement purposes for the purposes of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting death; (f) disclosures about decedents for purposes of cadaveric donation of organs, eyes or tissue; (g) for research purposes under certain conditions; (h) to avert a serious threat to health and/or safety; (i) military and veteran activities; (j) national security and intelligence activities, protected services of the President and others; (k) medical suitability determinations by entities that are components of the Department of State; (l) correctional institutions and other law enforcement custodial situations; (m) covered entities that are government programs providing public benefits, and for workers' compensation.

All Other Situations (with your specific authorization):

Except as otherwise permitted or required, we may not use and/or disclose your personal health information without your written authorization. Furthermore, we are required to use and/or disclose your personal health information consistent within the terms of your authorization. You may revoke your authorization to use and/or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization or if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to content a claim under the policy.

Miscellaneous Activities, Notice:

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also contact you to raise funds for the Covered Entity. If we are a group health plan, health insurance issuer or HMO with respect to a group health plan, we may disclose your personal health information to be a sponsor of the plan.

Your Rights with Respect to Your Personal Health Information

Under HIPAA, you have certain rights with respect to your personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

Right to Request Restriction on Use or Disclosure

You have the right to request restrictions on certain uses and disclosure of your personal health information about yourself.

You may request restrictions on the following uses or disclosures: to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of personal health information directly relevant to your care or payment related to your health care, or your location, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of personal health information; or (e) disclosure to a public or private authorized by law or by its charter to assist in disaster relief efforts.

While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

Right to Receive Confidential Communications

You have the right to receive confidential communications of your personal health information. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing

communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations. If we are a health care plan, we must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could endanger you.

Right to Inspect and Copy Your Personal Health Information

Your designated record set is a group of records we maintain that includes Medical records and billing records about you, or enrollment, payment, claims adjunction, and case or medial management records systems, as applicable. You have the right of access in order to inspect and obtain a copy of your personal information contained in your designated record set, *except for* (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for us in, civil, criminal, administrative action or proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law.

We may require written requests. We must provide you with access to your personal health information in the form or format requested, in lieu of providing access to the personal health information or may provide an explanation of the personal health information to which access has been provided, if you agree in advance to such summary of explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your personal health information or mailing a copy to you at your request. We will discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access. If you request a copy of your personal health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request mailing and the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law. We will reasonably attempt to accommodate any request for personal health information by, to the extent possible, giving you access to other personal health information after request for information, we will provide you with written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

Right to Amend Your Personal Health Information

You have the right to request that we amend your personal health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us.

We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment.

If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services (“DHHS”). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any further disclosures of your personal health information that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within reasonable time to persons identified by you as having received personal health information of your prior to amendment and that may have relied, or foreseeable rely, on such information to your detriment. All requests for amendment shall be sent to: Barbara Martinez, c/o Morris Family Chiropractic Center, LLC, 230 South Street, Morristown, NJ 07960.

Right to Receive an Accounting of Disclosures of Your Personal Health Information

Beginning April 14, 2003, you have the right to receive a written accounting of all disclosures of your personal health information that we have made within the six (6) year period immediately proceeding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such disclosures will include the date of each disclosure or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such information.

We are not required to provide accountings of disclosures for the following purposes: (a) treatment, payment, and healthcare operations; (b) disclosures pursuant to your authorization; (c) disclosures to you; (d) for a facility directory or to persons involved with your care; (e) for national security or intelligence purposes; (f) to correctional institutions, and (g) with respect to disclosures occurring prior to 04/14/03.

We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be sent to: Barbara Martinez, c/o Morris Family Chiropractic Center, LLC, 230 South Street, Morristown, NJ 07960.

Complaints

You may file a complaint with us and the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to our privacy officer, Barbara Martinez, c/o Morris Family Chiropractic Center, LLC, 230 South Street, Morristown, NJ 07960.

A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurring. You will not be retaliated against for filing any complaint.

Fundraising Solicitation Policy

In the event that the practice elects to engage in fundraising activities, the patient will have the right to opt out of receiving communications about these fundraising activities. Any communication sent to patient regarding fundraising will include instructions on how the patient may opt out.

Non Covered Services

Patients have the right to restrict disclosures of PHI to their Health Plan where the individual or someone on his or her behalf pays out of pocket for the health care item or service provided.

Right to Notification upon Breach

Patients have a right to be notified following a breach of their unsecured PHI.

Other Uses and Disclosures

All other uses and disclosures of PHI not described in this notice will be made only with the written authorization of the patient.

Amendments to the Privacy Policy

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy or changes in law affecting this Privacy Policy, by mail or electronically within 60 days of the effective date of such revision, amendment or change.

On-Going Access to Privacy Policy

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request sent to Barbara Martinez, c/o Morris Family Chiropractic Center, LLC, 230 South Street, Morristown, NJ 07960, 973-455-1660, morrisfamilychiropractic@hotmail.com.

For any other requests or for further information regarding the privacy of your personal health information, and for information regarding the filing of a complaint with us, please contact our privacy officer Barbara Martinez at the address, telephone number or email address listed above.