



HIPAA Notice of Privacy Practices, Jan. 2023

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.

This Notice of Privacy Practices is provided to you as a requirement of the Health Information Portability and Accountability Act (HIPAA). It describes how CAN-AM Chiropractic and Wellness may use or disclose your protected health information, and with whom that information may be shared. This notice also describes your rights regarding your protected health information.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected health information” is individually identifiable health information that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the payment of such health care. It includes certain demographic information, such as your age, address, and e-mail address, which we maintain about you.

We are required by law to (1) maintain the privacy of your protected health information; (2) give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information; (3) follow the terms of the notice currently in effect; and (4) communicate any changes in the notice to you. We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. If we change this notice, we will make a current copy of the notice available at our office and website canamchiro.com. You may also obtain a copy of this notice by contacting our Privacy Officer to request that a copy be mailed to you, or by asking for a copy at your next appointment.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Treatment -Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment - Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the service provided, and the medical condition being treated.

Health care operations - Your health information may be used as necessary to support the day to day activities and management of. For example, information on the services you receive may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates - We are permitted by law to utilize Business Associates to carry out treatment, payment or health care operations functions that may involve the use and disclosure of some of your health information. For example, we may utilize a billing service to handle billing and payment functions.

Appointment reminders - We may use and disclose medical information to contact you as a reminder that you have an appointment with this practice.

Law enforcement - Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government-mandated reporting.

Public health reporting - Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. - Disclosure of your health information or its use for any other purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any uses or disclosures of information

- The right to request restrictions on the use and disclosure of your protected health information
 - The right to receive confidential communications concerning your medical condition and treatment
 - The right to inspect and copy your protected health information
 - The right to amend or submit corrections to your protected health information
 - The right to receive an accounting of how and to whom your protected health information has been disclosed
 - The right to receive a printed copy of this notice
- We are required by law to maintain the privacy of your protected health information and to provide you with a copy of this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice. Other uses and disclosures require your authorization - Disclosure of your health information or its use for any other purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any uses or disclosures of information

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practice will be applied to all protected health

information we maintain. We are required by law to maintain the privacy of your protected health information and to provide you with a copy of this notice of privacy practices.

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Attn: Privacy Officer
CAN-AM Chiropractic and Wellness
150 Olde Greenwich Drive, Suite 100
Fredericksburg, VA
22408

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated for filing a complaint. The name and address of the person you may contact for further information concerning our privacy practices is:

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