

## FULL CIRCLE HEALTH & WELLNESS

### NOTICE OF PRIVACY PRACTICES

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

#### **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, or healthcare operation.

**Payment.** We may disclose your health information to your insurance provide for the purpose of payment or health care operations.

**Organizations.** We may disclose your health information as necessary to comply with State Worker's Compensation Laws; regarding administration or judicial proceedings; to public health officials; law enforcement officials; coroners or medical examiners; organizations involved in procuring, banking, or transplanting organs and tissues; researchers that have been approved by an Institutional Review Board; for military, national security, prisoner and government benefits purposes; notifying a family member or another person responsible for your care, in emergencies.

**Marketing.** We may contact you for marketing purposes as described herein: *"As a courtesy to our patients, it is out policy to call your home on the evening of your first adjustment in this office. The purpose of this call is to see how you are doing after your first adjustment and to answer any questions you may have. We also may call you in the event of a missed appointment. If you are not at home, we leave a message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message. No personal health information will be disclosed 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 periodically send you reminder notes in the event of a missed appointment or lapse in your program care, birthday cars, newsletters, and emails. No personal health information will be disclosed in these mailings other than, for instance, the date of your last appointment in this office."*

**Marketing (continued)**

*“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. You are never under any obligation to participate in these events. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal information about your condition for the purpose of FULL CIRCLE HEALTH & WELLNESS SPONSORED FUNDRAISING EVENTS.”*

**Change of Ownership.** In the event that FULL CIRCLE HEALTH & WELLNESS is sold or merged with another organization, your health information/record will become the property of the new owner.

**Your Health Information Rights.** You have the right to request restrictions of certain uses and disclosures of your health information. Please be advised, however, that FULL CIRCLE HEALTH & WELLNESS is not required to agree to the restriction that you request. You also have the right to the following: have health information received/communicated in alternative methods, inspect/copy health information, receive an accounting of disclosures of your protected health information, and receive a paper copy of this Notice of Privacy Practices.

FULL CIRCLE HEALTH & WELLNESS reserved the right to amend this Notice at any time in the future. We are required by law to maintain the privacy of your health information. If you have questions or complaints about our Privacy rights, please do not hesitate to contact this office. 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 Ave, S.W., Room 509F HHH Building, Washington DC 20201. This notice is effective as of August 14, 2007.

I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide FULL CIRCLE HEALTH & WELLNESS with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment, and health care operations as described in the Privacy Notice.

\_\_\_\_\_  
Patient’s Name (print)

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Date