

NOTICE OF PRIVACY PRACTICES

Back-2-Back Chiropractic, P.C.

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

Under the Health Insurance Portability and Accountability Act ("HIPAA"), Back-2-Back Chiropractic, P.C. is required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information.

Back-2-Back Chiropractic, P.C. is required to abide by the terms of the notice currently in effect. Back-2-Back Chiropractic, P.C. reserves the right to change the terms of this notice at any time and to make the new notice provisions effective for all protected health information that it maintains. A copy of the current notice will be posted in the office. If you should have any questions or require further information, please contact Dr. Mennell at 503-726-2225

How Back-2-Back Chiropractic May Use or Disclose Your Health Information

The following describes the purposes for which Back-2-Back Chiropractic, P.C. is permitted or required by law to use or disclose your health information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time.

Treatment: Back-2-Back Chiropractic, P.C. may use medical/chiropractic information about you to provide you with medical/chiropractic treatment or services. Back-2-Back Chiropractic, P.C. may disclose medical/chiropractic information about you to doctors, nurses, technicians, medical/chiropractic students or other personnel who are involved in taking care of you. Back-2-Back Chiropractic, P.C. may share medical/chiropractic information about you with other doctors or medical/chiropractic facilities in order to coordinate your treatment.

Payment: Back-2-Back Chiropractic, P.C. may use and disclose medical/chiropractic information about you so that the treatment and services you receive at our office may be billed to and payment may be collected from you, an insurance company, or a third party. For example, Back-2-Back Chiropractic, P.C. may need to give your health plan information about treatment you received at the office so your health plan will pay Back-2-Back Chiropractic, P.C. or reimburse you for the treatment. Back-2-Back Chiropractic, P.C. may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

Health Care Operations: Back-2-Back Chiropractic, P.C. may use and disclose medical/chiropractic information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all our patients receive quality care. For example, Back-2-Back Chiropractic, P.C. may use medical/chiropractic information to review our treatment and services and to evaluate our performance in caring for you.

Business Associates: There may be instances where services are provided to our office through contracts with third-party "business associates". Whenever a business associate arrangement involves the use or disclosure of your health information, Back-2-Back Chiropractic,

P.C. will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that we require of our own employees and affiliates.

Required by Law: Back-2-Back Chiropractic, P.C. will disclose medical/chiropractic information about you when required to do so by federal, state or local law.

Communication with Family or Friends: Using our best judgment, Back-2-Back Chiropractic, P.C. may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Marketing: Back-2-Back Chiropractic, P.C. may use or disclose your health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Research: Back-2-Back Chiropractic, P.C. may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Medical Examiners and Funeral Directors: Back-2-Back Chiropractic, P.C. may disclose health information to a coroner or medical examiner. Back-2-Back Chiropractic, P.C. also discloses medical/chiropractic information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, Back-2-Back Chiropractic, P.C. may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Public Health: As required by law, Back-2-Back Chiropractic, P.C. may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Food and Drug Administration (FDA): Back-2-Back Chiropractic, P.C. may disclose to the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: Back-2-Back Chiropractic, P.C. may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

To Avert a Serious Threat to Health or Safety: Consistent with applicable federal and state laws, Back-2-Back Chiropractic, P.C. may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans: If you are a member of the armed forces, Back-2-Back Chiropractic, P.C. may disclose health information about you as required by military command.

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It is important that you sign page 2*

Health Oversight Activities: Back-2-Back Chiropractic, P.C. may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure.

Protective Services for the President, National Security and Intelligence Activities: Back-2-Back Chiropractic, P.C. may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

Law Enforcement: Back-2-Back Chiropractic, P.C. may disclose health information when requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders; in emergency circumstances; or when required to do so by law.

Inmates: Back-2-Back Chiropractic, P.C. may disclose health information about an inmate of a correctional institution or under the custody of a law enforcement official to the correctional institution or law enforcement official.

Lawsuits and Disputes: Back-2-Back Chiropractic, P.C. may disclose health information about you in response to a subpoena, discovery request, or other lawful order from a court.

Your Rights Regarding Your Health information

The following describes your right regarding the health information Back-2-Back Chiropractic, P.C. maintains about you. To exercise your rights, you must submit your request in writing to Back-2-Back Chiropractic, P.C. 3000 NW Stucki Pl. Suite #180, Hillsboro, OR 97124.

Right to Request Restrictions. You have the right to request that Back-2-Back Chiropractic, P.C. restrict uses or disclosures of your health information to carry out treatment, payment, health care operations, or communications with family or friends. We are not required to agree to a restriction.

Right to Receive Confidential Communications. You have the right to request that Back-2-Back Chiropractic, P.C. send communications that contain your health information by alternative means or to alternative locations. Back-2-Back Chiropractic, P.C. must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.

Right to Inspect and Copy. You have the right to inspect and copy medical/chiropractic information that may be used to make decisions about your care. Usually, this includes medical/chiropractic and billing records, but does not include psychotherapy notes. To inspect and copy medical/chiropractic information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, Back-2-Back Chiropractic, P.C. may charge a fee for the costs of copying, mailing or other supplies associated with your request. Back-2-Back Chiropractic, P.C. may deny your request to inspect and copy, in certain very limited circumstances. If you are denied access to medical/chiropractic information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. Back-2-Back Chiropractic, P.C. will comply with the outcome of the review.

Right to Amend. You have the right to have Back-2-Back Chiropractic, P.C. amend your health information for as long as we maintain such information. Your written request must include the reason or reasons that support your request. Back-2-Back Chiropractic, P.C. may deny your request for an amendment if Back-2-Back Chiropractic, P.C. determines that the record that is the subject of the request was not created by Back-2-Back Chiropractic, P.C., is not available for inspection as specified by law, or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical/chiropractic information about you. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, Back-2-Back Chiropractic, P.C. may charge you for the costs involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

Right to Obtain a Paper Copy. You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

How to File a Complaint if You Believe Your Privacy Rights Have Been Violated

If you believe that your privacy rights have been violated, please submit your complaint in writing to:

**Back-2-Back Chiropractic, P.C.
3000 NW Stucki Place, Suite 180
Hillsboro, OR 97124**

You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

CONSENT FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

This notice provides information about how Back-2-Back Chiropractic, P.C. may use and disclose protected health information about you. As provided in the notice, the terms of the notice may change. If Back-2-Back Chiropractic, P.C. does change this notice, a revised copy will be made available to you. By signing this form, you consent to our using and disclosing protected health information about you for the limited purposes of receiving treatment from Back-2-Back Chiropractic, P.C. obtaining payment for the healthcare services provided to you, and our own health care operations. You have the right to revoke this consent, but such revocation must be made in writing. Your revocation will be honored on the day that it is signed, except where we have already made disclosures in reliance on your prior consent.

I agree to the terms contained within this consent:

Patient Name: _____

Patient/Guardian Signature: _____

Date: _____