

costs involved and you can decide to withdraw or modify your request before any costs are incurred.

(G) Receive a paper copy of this Privacy Notice from the Practice (as provided by Privacy Rule, Section 164.520(b)(1)(iv)(F)) upon request to the Practice's Privacy Officer.

(H) Complain to the Practice or to the Secretary of HHS (as provided by Privacy Rule, Section 164.520(b)(1)(vi)) if you believe your privacy rights have been violated. To file a complaint with the Practice, you must contact the Practice's Privacy Officer. All complaints must be in writing.

To obtain more information about your privacy rights, or if you have questions you want answered about your privacy rights (as provided by Privacy Rule, Section 164.520(b)(2)(vii)), you must contact the Practice's Privacy Officer as follows:

Dr. Joseph A. Sheppard  
1238 W. Ohio Pike  
Amelia, OH 45102

## Practice Requirements

(I) The practice is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.

(J) Under the Privacy Rule, the Practice may be required by State law to grant greater access or maintain greater restrictions on the use or release of your PHI than that which is provided for under federal law.

(K) The Practice is required to abide by the terms of this Privacy Notice.

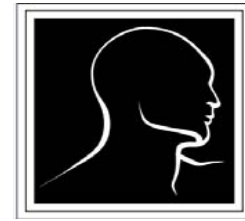
(L) The Practices reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.

(M) The Practice will distribute any revised Privacy Notice to you prior to implementation.

(N) The Practice will not retaliate against you for filing a complaint.

## Effective Date

This Notice is in effect as of 10/08/2007



## Notice of Privacy Practices

Sheppard Chiropractic from here on referred to as the Practice, in accordance with this notice and without asking for your express consent or authorization, may use and/or disclose your identifiable health information in the following manner:

- Treatment - To provide you with the health care you require, the Practice may use and disclose your PHI to other health care professionals.

- Payment - To get paid for services provided to you, the Practice may provide your PHI, directly or through a billing service, to a third party who may be responsible for your care, including insurance companies and health plans.

- Health Care Operations - To operate in accordance with applicable law and insurance requirements, and to provide quality and efficient care.

- Advice of Appointment and Services - The Practice may, from time to time, contact you to provide appointment reminders.

- Directory / Sign-in Log - The Practice maintains a sign-in log at its reception desk for individuals seeking care and treatment in the office.

- Family/Friends - The Practice may disclose to a family member, or friend your PHI directly relevant to such person's involvement with your care or the payment for your care.

- Research - The Practice may use and disclose PHI subject to applicable legal requirements if the Practice is involved in research activities.

- De-identified Information - The Practice may use and disclose health information that may be related to your care but does not identify you and cannot be used to identify you.

For questions, please call us at:

**513-753-5437**



**Sheppard Chiropractic**

1238 W. Ohio Pike  
Amelia, Ohio 45102  
Phone (513) 753-5437  
Fax (513) 753-7517

- Business Associate - The Practice may use and disclose PHI to one or more of its business associates if the Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.

- Personal Representative - The Practice may use and disclose PHI to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

- Emergency Situations - The Practice may use and disclose PHI for the purpose of obtaining or rendering emergency treatment.

- Public Health Activities - The Practice may use and disclose PHI when required by law to provide information to a public health authority to prevent or control disease.

- Abuse, Neglect or Domestic Violence - The Practice may use and disclose PHI when authorized by law to provide information if it believes that the disclosure is necessary to prevent serious harm.

- Testimonials - The Practice may use and disclose testimonial information provided by the patient for use on marketing items.

- Judicial and Administrative Proceedings - The Practice may use and disclose PHI in response to a court order or a lawfully issued subpoena.

- Law Enforcement Purposes - The Practice may use and disclose PHI, when authorized, to law enforcement officials.

- Health Oversight Activities - The Practice may use and disclose PHI when required by law to provide information in criminal investigations, disciplinary actions, or other activities relating to the community's health care system.

- Coroner or Medical Examiner - The Practice may use and disclose PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

- Avert a Threat to Health and Safety - - The Practice may use and disclose PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

- Specialized Government Functions - The Practice may use and disclose PHI when authorized by law with regard to certain military and veteran activity.

- Workers Compensation - The Practice may use and disclose PHI if you are involved in a Worker's Compensation claim to an individual or entity that is part of the Worker's Compensation system.

- National Security and Intelligence - The Practice may use and disclose PHI to authorized governmental officials with necessary intelligence information for national security activities.

- Military and Veterans - The Practice may use and disclose PHI if you are a member of the armed forces, as required by the military command authorities.

- Photographs - The Practice may require that a photograph of the patient be placed in the file to further enhance the security of the patient's identity.

- Miscellaneous Mailings - The Practice may, from time to time, send the patient items such as birthday cards, welcome letters, and thank you letters.

Uses and / or disclosures, other than those described above will be made only with your written Authorization

### **You have the right to:**

(A) Revoke any authorization or consent you have given to the Practice, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.

(B) Request special restrictions on certain uses and disclosures of your PHI as authorized by law. In general, this relates to your right to request special restrictions concerning disclosures of your PHI regarding uses for treatment, payment and operational purposes under Privacy Rule, Section 164.522(a) and restrictions related to disclosures to your family and other individuals involved in your care under Privacy Rule, Section 164.510(b). Except in certain instances, the Practice may not be obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what

information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.

(C) Receive confidential communications or PHI by alternative means or at alternative locations as provided by Privacy Rule, Section 164.522(b). For instance, you may request all written communications to you marked "Confidential Protected Health Information." You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.

(D) Inspect and copy your PHI as provided by federal law (including Privacy Rule, Section 164.524) and state law. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.

(E) Amend your PHI as provided by federal law (including Privacy Rule, Section 164.526) and state law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you will have the right to submit a written statement of disagreement.

(F) Receive an accounting of disclosures of your PHI as provided by federal law (including Privacy Rule, Section 164.528) and state law. To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve (12) month period will be free, but the Practice may charge you for the cost of providing additional lists. The Practice will notify you of the

