

Notice of Privacy Practice

Jahna Chiropractic, LLC

23857 US Hwy 27, Lake Wales, FL 33859

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. The effective date is October 1, 2013.

At Jahna Chiropractic, we are required to give you this notice and to follow the terms of this notice. Also by law, we need to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, we may send a report of your treatment to your insurance company.

We may share your medical information with our business associates, such as a collection agency. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information to you. We may also call you to remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

If this practice is sold, this information will be the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request, in writing, that we not use or disclose some, or all, of your health information as described above. We will let you know, in writing, if we can fulfill your request.

You have the right to know of any uses or disclosures we make regarding your health information. A request must be made in writing to receive a report of who we disclose your health information to.

You have the right to receive communication about your health information in the manner you prefer. We will also use this preferred communication method, number, or system to contact you.

You have the right to transfer a copy of your health information to another practice. Notify us in writing as to where you would like the copy of your health information sent to.

You have the right to see and receive a copy of your health information, with a few exceptions. A request must be made in writing regarding the information you would like to see/have copied. If you would like a copy of your records, we may charge a reasonable fee for copies.

You have the right to request an amendment or change to your health information. This request must be made in writing. We may or may not make the change(s) requested, but a copy of your written request will be added to your health information. If the change(s) is approved, earlier documents will not be removed or altered, but new information will be added.

If our privacy and security measures or systems are breached in any way, we will notify you.

You have a right to receive a copy of this notice.

If there are any changes to this notice, we will notify you of these changes, in writing.

You may file a complaint with the Department of Health and Human Services; in writing (200 Independence Avenue, S.W., Room 509F, Washington, DC 20201), online (<http://www.hhs.gov>) or by E-mail (OCRCComplaint@hhs.gov). There will be no retaliation for filing a complaint.