

E-MAILS

Due to the inherently non-private nature of e-mail communication, e-mails from the Practice will be kept to a minimum. If you e-mail this Practice in a situation where PHI may be revealed, the Practice may e-mail you back to ask if you do wish a reply or if you wish to have a private phone call instead, or may respond with a phone call.

The Practice has the ability to send encrypted e-mails at your request.

TEXTS

The Practice will never text you.

TREATMENT ALTERNATIVES/BENEFITS

The Practice may, from time to time, contact you about treatment alternatives it offers, or other health benefits or services that may be of interest to you.

YOUR RIGHTS

You have the right to

- Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer, informing 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.
- Restrict disclosures to your health plan when you have paid out-of-pocket in full for health care items or services provided by the Practice.
- Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.
- Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request the Practice's Privacy Officer. 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. The Practice may charge you a fee to cover the costs incurred by the Practice to reproduce records, of copying, mailing, or other supplies associated with your request.

- Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer, providing a reason that supports your request. The Practice may deny your request if it is not in writing, if no reason is provided, if the information to be amended was not created by the Practice (unless the originating individual or entity 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 have the right to submit a written statement of disagreement.
- Receive an accounting of non-routine disclosures of your PHI as provided by 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 6 years and may not include the dates before April 14, 2003. The request should indicate in what form you want the list. The first list you request within a 12 month period will be free, but the Practice may charge you for the cost of providing additional lists in that same 12 month period. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- Receive a paper copy of this Privacy Notice upon request.
- File a complaint with the Practice. All complaints must be in writing. If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights.

PRACTICE REQUIREMENTS

The Practice is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice upon request, and to abide by the terms of this Privacy Notice, and to make a good faith effort to obtain from you an acknowledgement of receive of this Privacy Notice.

The Practice 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.

The Practice will not retaliate against you for making a complaint.

The Practice will post this Privacy Notice in its lobby and on the Practice's web site.

The Practice will inform you if there is a case of breach of unsecured health information.

Privacy Notice

Johnson Family Chiropractic of Peoria, S.C.

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This Practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from the Practice and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Practice, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

This Practice may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Practice. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

- CARE – In order to provide care to you, the Practice will provide your PHI to those health care professionals directly involved in your care so they may understand your medical condition and needs and provide advice or treatment.
- PAYMENT – In order to get paid for some or all of the health care provided by the Practice, the Practice may provide your PHI, directly or through a billing service, to appropriate third party payer, pursuant to their billing and payment requirements.
- HEALTH CARE OPERATIONS – In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to provide quality and efficient care, it may be necessary for the Practice to compile, use, and/or disclose your PHI. For example, the Practice may use your PHI to evaluate the performance of the Practice's personnel in providing care to you.

- FUNDRAISING – To the extent that the Practice engages in fundraising activities, such as appeals for money, help, or event sponsorships, certain types of PHI may be disclosed for these purposes unless you specifically opt out.

AUTHORIZATION NOT REQUIRED

The Practice may use and/or disclose your PHI without a written Authorization from you in the following instances:

- DE-IDENTIFIED INFORMATION – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
- BUSINESS ASSOCIATE – To a business associate, who is someone the Practice contracts with to provide a service necessary for your treatment, payment for your treatment, and/or health care operations. The Practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and their subcontractors will appropriately safeguard your PHI.
- PERSONAL REPRESENTATIVE – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- PUBLIC HEALTH ACTIVITIES – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury, or disability. This includes reports of child abuse or neglect.
- FEDERAL DRUG ADMINISTRATION – If required by the FDA to report adverse events, product defects, problems, biological product deviations, or to track products, enable product recalls, repairs, or replacements, or to conduct post-marketing surveillance.
- ABUSE, NEGLIGENCE, OR DOMESTIC VIOLENCE – To a government authority, if the Practice is required by law to make such disclosure. If so, the Practice will do so if it believes the disclosure is necessary to prevent serious harm or if the Practice believes you have been the victim of abuse, neglect, or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.
- HEALTH OVERSIGHT ACTIVITIES – Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs, and civil rights law.
- FAMILY AND FRIENDS – Unless expressly prohibited by you, the Practice may disclose PHI to a member of your family, a relative, a close friend, or any other person you identify, as it directly relates to that person's involvement in your health care. If you do not express an objection or are unable to object to such a disclosure, we may disclose such

- information, as necessary, if we determine that it is in your best interest based on our professional judgment.
- JUDICIAL AND ADMINISTRATIVE PROCEEDING – For example, the Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
 - LAW ENFORCEMENT PURPOSES – In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes, including but not limited to complying with a legal process or as required by law, information for identification or location purposes as in a missing person, information regarding a person who is or is suspected to be a crime victim, in the event of a crime occurring on the Practice's premises, a medical emergency not on the Practice's premises that may involve a crime, etc.
 - CORONER OR MEDICAL EXAMINER – The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law.
 - ORGAN, EYE, OR TISSUE DONATION – If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs.
 - RESEARCH – If the Practice is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI. Individuals have the right to opt out of certain types of research activities.
 - AVERT A THREAT TO HEALTH OR SAFETY – The Practice may disclose your 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 – When the appropriate conditions apply, the Practice may use PHI of individuals who are armed forces personnel for activities deemed necessary by appropriate military command authorities. The Practice may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.
 - INMATES – The Practice may disclose your PHI to a correctional institution or law enforcement official if you are an inmate of that correctional institution and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals.
 - WORKERS' COMPENSATION – If you are involved in a Workers' Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

- DISASTER RELIEF EFFORTS – The Practice may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.
- MARKETING – Face-to-face communication directly with the patient, birthday card mailings, mail, or promotional gifts of nominal value do not require authorization as long as the Practice receives no financial remuneration for making the communication. All other situations require separate authorization.
- REQUIRED BY LAW – If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization. These Authorizations may be revoked at any time, though we cannot take back disclosures already made with your permission.

We also will NOT use or disclose your PHI for the following purposes, where applicable, without your express written Authorization:

- MARKETING – This does not include marketing communications listed above.
- SALES – The Practice may receive payment for sharing your information in specific situations, such as public health purposes or specific research projects.
- SPECIALLY PROTECTED INFORMATION – Certain types of information such as psychotherapy notes, HIV status, mental health, and genetic testing information require their separate written authorization for the purposes of treatment, payment, or healthcare operations.
- SUBSTANCE USE DISORDER RECORDS – The Practice will not disclose any substance use disorder-related records without your written consent, except as permitted by law, including, for example (but without limitation), a court order or a medical emergency. You have rights regarding these records, including access, confidentiality requests, and an accounting of disclosures.

APPOINTMENT REMINDER AND BILLS

The Practice may, from time to time, contact you via phone, e-mail, or mail, to provide appointment reminders, bills, and other routine communications. These may be in the form of a letter or postcard. The Practice will try to minimize the amount of information contained in the reminder or bill or letter. The Practice may leave a message on your voicemail with minimal PHI revealed.