

# Complete Health & Wellness

## Notice of Privacy Practices

---

We are required by law to maintain the privacy of your Protected Health Information and to provide you with this notice of privacy practices. We also are required to abide by the policies and practices that are outlined in this notice

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

---

### Uses and Disclosures

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated.

**Healthcare Operations.** Your health information may be used as necessary to support the day-to-day activities and management of our office. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. Your information may also be used by our staff to contact you as a reminder of your appointments and to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

**Public Health Reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other Uses and Disclosures Require Your Authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of the information that occurred before you notified us of your decision.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization.

**Required by Law.** We may use or disclose your protected health information to the extent that the use or disclosure is required by law.

**Public Health.** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

**Health Oversight.** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies seeking this information include government agencies that oversee the health system, government benefit programs and other government regulatory programs and civil rights laws.

# Complete Health & Wellness

## Notice of Privacy Practices

***Abuse or Neglect.*** We may disclose your protected health information to an appropriate government agency that is authorized by law to receive reports of abuse or neglect of a child, an elderly person or a disabled person. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

***Legal Proceedings.*** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in response to a subpoena, discovery request or other lawful process, subject to certain conditions.

***Law Enforcement.*** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

***Coroners, Funeral Directors, and Organ Donation.*** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

***Research.*** We may disclose your protected health 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 protected health information.

***Military Activity and National Security.*** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

***Workers' Compensation.*** Your protected health information to authorized federal officials for conducting national security and intelligence activities.

***Inmates.*** We may use or disclose your protected health information if you are an inmate of a correctional facility and your health care provider created or received your protected information in the course of providing care to you.

***Required Uses and Disclosures.*** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. Section 164.500 et. seq.

### **Individual Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

***You have the right to request restrictions on the use and disclosure of your Protected Health Information.*** You may ask us to place additional restriction on the use or disclosure of any part of your protected health information. We are not required to agree to a restriction that you may request.

***You have the right to receive confidential communications concerning your medical condition and treatment.*** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the reason for the request. Please make this request in writing to our Privacy Contact.

***The right to inspect and copy your protected health information.*** With limited exceptions, you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your health care provider and the clinic uses for making decisions about you.

# Complete Health & Wellness

## Notice of Privacy Practices

*The right to amend or submit correction to your protected health information.* You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your medical record.

*The right to receive an accounting of how and to whom your protected health information has been disclosed.* You may request a list of disclosures we have made. This list does not include disclosures for treatment, payment or healthcare operations, disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.

*The right to receive a printed copy of this notice,* upon request, even if you have agreed to accept this notice electronically.

### Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulation. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

### Request to Inspect Protected Health Information

As permitted by federal regulation, we require that request to inspect your Protected Health Information be submitted in writing. You may obtain a form to request access to your records by contacting our receptionist or your chiropractor; be aware that we reserve the right to charge for copies of your records.

### Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter to Complete Health & Wellness outlining your concerns at:

Complete Health & Wellness  
860 Hebron Pkwy Suite 1001  
Lewisville, TX 75057

### Contact Person

The name and address of the person you may contact for further information concerning our privacy practices is Dr. Christina O'Brien at the address listed above.