

**BRADY CHIROPRACTIC HEALTHCARE CENTER PSC  
DBA BRADY CHIROPRACTIC & WELLNESS CENTER  
NOTICE OF PRIVACY PRACTICES**

**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.**

Brady Chiropractic & Wellness Center is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

**DISCLOSURE OF YOUR HEALTH CARE INFORMATION**

- **Treatment:** We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. For instance;
  - On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Brady Chiropractic & Wellness Center
  - It is our policy to provide a substitute health care provider, authorized by Brady Chiropractic & Wellness Center to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.
  - Please note that we have a semi-private treatment area and an open physical therapy suite. We will make every attempt to keep all your protected health information confidential. If for any reason you need to discuss a private or personal matter in private; please ask to be taken to a private room.
- **Sign-in Sheets:** This office utilizes a sign-in sheet to assist us with our daily administrative duties.
- **Payment:** We may use and disclose your health information to obtain payment for services provided to you. This includes insurance carriers, attorneys, and collection agencies.
- **Worker's Compensation:** We may disclose your health information as necessary to comply with State and Federal Worker's Compensation Laws.
- **Emergencies:** We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or your death.
- **Public Health:** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.
- **Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.
- **Law Enforcement:** We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.
- **Deceased Persons:** We may disclose your health information to coroners or medical examiners.
- **Public Safety:** It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.
- **Specialized Government Agencies:** We may disclose your health information for military, national security, prisoner and government benefit purposes.
- **Marketing:** As a courtesy to our patients, it is the policy of this office to contact you if you have missed a scheduled appointment. If you are not at home, we will leave a message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than you will need to call the office to reschedule you're appointment. It is also the policy of this office to send a recall postcard by mail to all patients who have not been seen in 6 or more months.
- **Special Occasion/Welcome/Thank You Cards:** We may send cards from this office marking special occasions such as Holidays, Birthdays, Graduations, Anniversaries, Condolences, etc. We also send cards welcoming new patients, thanking you for referrals, and to announce special events at our office.

**CHANGE OF OWNERSHIP** In the event that Brady Chiropractic & Wellness is sold or merged with another organization, your health information/record will become the property of the new owner.

**YOUR HEALTH INFORMATION RIGHTS**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Brady Chiropractic & Wellness Center is not required to agree to the restrictions that you requested.

- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that Brady Chiropractic & Wellness Center is not required to agree to amend your protected health information. If you request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosure of your protected health information made by Brady Chiropractic & Wellness Center.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

#### **CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

Brady Chiropractic & Wellness Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made Brady Chiropractic & Wellness Center is required by law to comply with this notice.

Brady Chiropractic & Wellness Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health rights, please contact: Brady Chiropractic & Wellness Center by calling this office at (502)897-3392. If Dr. Sean Brady is not available you may make an appointment for a personal conference in person or by telephone within 2 working days.

#### **COMPLAINTS**

Complaints about your Privacy rights or how Brady Chiropractic & Wellness Center has handled your health information should be directed to the office manager by calling (502)897-3392. If the office manager is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

This notice is effective as of November 13, 2002

#### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES I,**

(Print)\_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date