



**S P O R T S C H I R O P R A C T I C  
I N S T I T U T E**

1000 Concord Road, Smyrna, GA 30080

### **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to that information.

#### **PLEASE REVIEW THIS NOTICE CAREFULLY**

Sports Chiropractic Institute is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your health condition and the care and treatment you receive from the Sports Chiropractic Institute. The creation of a record detailing the care and services you receive helps this office to provide you with quality care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI. The privacy of PHI in patient files will be protected when the files are taken to and from the Practice by placing the files in a box or brief case and kept within the custody of a doctor or employee of the Practice authorized to remove files from the Practice's office.

#### **NO CONSENT REQUIRED**

The Practice may use and/or disclose your PHI for the purposes of:

##### **TREATMENT**

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment, or healthcare operations.

Example: It is our policy to provide a substitute health care provider, authorized by this Practice to provide assessment and/or treatment to our patients, without advance notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.

##### **PAYMENT**

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

## **WORKERS' COMPENSATION**

We may disclose your health information as necessary to comply with State Workers' 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 of 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 & 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 a law enforcement official 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.

## **ORGAN DONATION**

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs or tissues.

## **RESEARCH**

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

## **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 benefits purposes.

## **CHANGE OF OWNERSHIP**

In the event that this practice 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 this practice is not required to agree to the restriction 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 a right to request that this practice amend your PHI. Please be advised, however, that this practice is not required to agree to amend your protected health information. If your 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 disclosures of your PHI made by this practice.
- 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**

This practice 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, this practice is required by law to comply with this notice.

This practice 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 information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact us by calling this office. If the Doctor 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 right or how this practice has handled your health information should be directed to the doctor, by calling this office. If the doctor is not available, you may make an appointment for a personal conference in person or by telephone within two (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, SW  
Room 509F HHH Building  
Washington, DC 20201