

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

**POLICY STATEMENT**

Lazarus Chiropractic and Rehabilitation is committed to maintaining the privacy of your ~~per~~ 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. No mobile opt-in will be shared with third parties for marketing purposes. This Notice also details your rights regarding your PHI.

**USE OR DISCLOSURE OF PHI**

Lazarus Chiropractic and Rehabilitation may use and/or disclose your PHI for purposes related to your care, ~~in~~ 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 an/or disclosure.

- 1. Care** – In order to provide care to you, the Practice will provide your PHI to those health care ~~pe~~ whether on the Practice's staff or not, directly involved in your care so that they may understand your medical condition and needs and provide advice or treatment (e.g., your physician). For example, your physician may need to know how your condition is responding to the treatment provided by the Practice.
- 2. Payment** – In order to get paid for some or all of the health care provided by the Practice, the ~~Pr~~ may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, the Practice may need to provide your health insurance carrier with information about health care services that you received from the Practice so that the Practice can be properly reimbursed.
- 3. Health Care Operations** – In order for the Practice to operate in accordance with applicable law and ~~re~~ 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 in order to evaluate the performance of the Practice's personnel in providing care to you.

**AUTHORIZATION**

Uses and/or disclosures, other than those described above, will be made only with your written Authorization, ~~wh~~ you may revoke at any time.

**YOUR RIGHTS**

You have the right to:

- 1.** Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written ~~re~~ to the Practice's Privacy Officer.
- 2.** Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the ~~Pr~~ is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform 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.
- 3.** Receive confidential communications of PHI by alternative means or at alternative locations. You must ~~su~~ your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.

4. Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a request to 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 can charge you a fee for the cost of copying, mailing or other supplies associated with your request.
5. Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason and support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information 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.
6. Receive an accounting of 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 six years, and may not include the dates before April 14, 2003. The request should indicate in what form you want the list (such as paper or electronic copy). 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.

**PRACTICE'S REQUIREMENTS**

Lazarus Chiropractic and Rehabilitation

1. Is required by law to maintain the privacy of your PHI and to provide you with the Privacy Notice of the Practice's legal duties and privacy practices with respect to your PHI.
2. Is required to abide by the terms of this Privacy Notice.
3. 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.
4. Will not retaliate against you for making a complaint.
5. Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.
6. Will post this Privacy Notice on the Practice's website, if the Practice maintains a website.
7. Will provide this Privacy Notice to you by e-mail if you so request.  
However, you also have the right to obtain a paper copy of this Privacy Notice.

**ACKNOWLEDGEMENT**

I acknowledge that I have received a copy of the Practice's Privacy Notice.

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PRINT NAME

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PATIENT SIGNATURE

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DATE