

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.

Right to request a copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request.

Right to request an amendment of the medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. We may refuse your request, but we will tell you why in writing within 60 days.

Right to request restrictions on the sharing of PHI

You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request if it would affect your care. You have the right to rescind previous restrictions by requests in writing.

Right to request restrictions from their health plan

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Right to request confidential communications

You can ask us to contact you in a specific way (for example: home or office phone) or to send mail to a different address. We will agree to all reasonable requests.

Right to request an accounting of PHI disclosures

You can ask for a list (accounting) of the times we've shared your information for six years prior to the date you ask, who we shared it with and why. We will include all disclosures **except** for those about treatment, payment, health care operations and certain other disclosures (such as any you asked us to make).

Right to receive a copy of provider's Notice of Privacy Practices (NPP)

You can ask for a paper copy of this notice at any time, even if you have received one electronically. We will provide a copy promptly. We have the right to alter this agreement as necessary. A current copy of our NPP will be posted in our office.

Right to choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your right and make choices about your health information.

Right to file a complaint if you feel your rights were violated

You can complain if you feel we have violated your rights by contacting us: Reaves Chiropractic Health Centre, Inc, 630 W. 21st St., PO Box 144 Newton, NC 28658 Attn: Dr. Ray Reaves, HIPAA compliance officer. Phone # 828 464-2080 Fax # 828464-2133

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. SW Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.