

Notice of Patient Privacy Policy

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.

This Notice of Privacy Practices describes how we may use and disclose your personal health information to carry out your treatment, collect payment for your care and manage the operations of this clinic. It also describes our policies concerning the use and disclosure of this information for other purposes that are permitted or required by law. It describes your rights to access and control your personal health information. "**Personal Health Information**" (PHI) is information about you, including demographic information that may identify you, that relates to your past, present, or future physical or mental health or condition and related health care services.

A. Uses and Disclosures of Your Medical Information

Atlantic Chiropractic Associates is required by law to maintain the privacy of its patients' personal health information. This Notice explains how your medical information may be used and disclosed. This Notice explains our legal duties, our privacy practices and your rights with respect to your personal health information. Atlantic Chiropractic Associates may share personal health information of patients, without written authorization, as necessary to carry out treatment, payment, and health care operations, as permitted by law.

Uses and Disclosures for Treatment: We may use and disclose your personal health information to provide treatment or services or to coordinate and manage your health care and any related services outside of our facility. We may share information about you to coordinate the different services or items you need, such as lab work, diagnostic testing or X-rays. We also may disclose health information about you to your health plan or other providers to arrange a referral or consultation. For example, we may use and disclose your medical information for treatment purpose if we need to ask another provider, such as your primary care provider, about your overall health condition before treating you.

Certain treatments may be performed in a common therapy area and/ or you may find yourself within public areas within the clinic times, but please note private rooms are always available, upon request, for discussing your private health information.

Uses and Disclosures for Payment: We may use and disclose your health information for payment purposes with respect to the services you receive from Atlantic Chiropractic. For example, we may need to contact your insurance company to verify benefits or receive prior authorization for treatment. We also may contact your insurance company to arrange payment for the services provide to you or we may use your information to prepare a bill to send to you or to the person responsible for payment.

Uses and Disclosures for Healthcare Operations: We may use or disclose, as needed, your personal health information for Atlantic Chiropractic Associates operations. For example, we may use health information to enhance quality of care for medical staff activities, such as training of students, and peer review. We may also disclose information to doctors, technicians and other personnel for performance improvement review and educational purposes. We may also combine the health information we have with health information from other similar organizations to compare how we are doing and see where we may make improvements in the care and services we offer. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your doctor. Communications between you and the doctor or his assistants may be recorded to assist us in accurately capturing your responses; we may also call you by name

in the reception area when your doctor is ready to see you. We may use or disclose your personal health information, as necessary, to contact you to remind you of your appointment. We have open therapy/adjusting areas.

Business Associates: Business associates contract with Atlantic Chiropractic Associates to provide certain services. Examples of these independent companies and individuals include attorneys, accountants, consultants and third-party billing companies. We may disclose your health information to one or more of these business associates that assist us with our health care operations. We require these business associates to appropriately safeguard the privacy of your information and require a written contract with that business associate.

Health Information Exchange. WE may share information that we obtain or create about you with other health providers or other health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care and current medical conditions and medications can be available to us if they participate in the HIE as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. Atlantic Chiropractic Associates participants in the Delaware Health Information Network (DHIN), As a participant of DHIN, we share information that we obtain or create about you with health care providers for treatment and payment, as permitted by law. The HIEs follow all state and federal privacy and security laws to protect patient health information. You may opt-out of DHIN to prevent providers from being able to search for your information through the statewide exchanges by completing and submitting an Opt-Out form by mail, fax or online by visiting their website at www.DHIN.org/consumer. We may also participate in other HIEs.

Appointments and services, treatment alternatives, and health related benefits and services. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you, such as information about new programs, products or services.

Individuals Involved in Your Care or Payment of Your Care: We may release medical information about you to a friend or family member who is involved in your medical care or who has been provided a power of attorney or a similar document to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Other Uses and Disclosures. We may use or disclose your personal health information without your consent or authorization as permitted or required by law, including:

Public Health activities:

- Reporting of public health investigations/records
- Reporting to a foreign government agency that is collaborating with the public health authority.

Government functions:

- As required by the armed forces services for members of the military
- As required for national security or intelligence activities.

Law, law enforcement, legal proceedings, health oversight activities:

- Reporting suspected child abuse or neglect or if we believe you to be a victim of abuse, neglect, or domestic violence.
- As required to a government oversight agency conducting audits, investigation, or civil or criminal proceedings.
- As required by a court or administrative ordered subpoena or discovery request.
- As required by law to law enforcement officials to report wounds, injuries, and crimes.

Miscellaneous

- To disclose your personal health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

- To workers' compensation agencies for your workers' compensation benefit determination
- To your employer when we have provided health care to you at the request of your employer.
- To a correctional institution or law enforcement official if you are an inmate in certain circumstances where we are informed that the disclosure is necessary, such as to protect your safety or to protect the safety of other inmates or employees at a correctional institution.

Uses and disclosures and written authorization. Other uses and disclosures of your health information not covered by this Notice require your written authorization. For example, we must obtain your authorization for most uses and disclosures of psychotherapy notes, for certain uses and disclosures of your health information for marketing purposes, or for any sale of your protected health information. If you agree to provide a written authorization for the use or disclosure of your medical information, you can later revoke that authorization at any time, except to the extent that it has already been relied on or was a condition of obtaining insurance coverage.

B. Your Rights Regarding Your Health Information

The records of your medical information are the property of Atlantic Chiropractic. However, you have the following rights regarding your health information:

Right to inspect and copy. You have the right to review and/or to copy your medical and billing records. If we maintain your medical record information electronically, you may obtain a copy in an electronic format or in paper form. You have the right to request that we send your medical or billing records to a third party. All requests for access must be made in writing and signed by you or your legal representative. You may be charged a reasonable fee, as permitted by the law, for providing you or a third party a copy of your medical records. You may obtain an access authorization from the Practice Administrator. We may deny your request under certain circumstances, and will explain the reason for the denial in writing. You may request that the denial is reviewed by a licensed health care provider chosen by us.

Right to request an amendment. You have the right to request that personal health information that we maintain about you be amended or corrected if you believe it is incorrect or incomplete. All amendment requests must be in writing, signed by you or your legal representative, state the reasons for the amendment/corrections requests and be submitted to Atlantic Chiropractic Associates Milford office, whose contact information is provided at the end of the Notice. You may obtain an amendment request form from the Privacy Officer. If we agree with your request, we will confirm with you and amend your records by supplementing the current record with an addendum. We cannot change what is in the record. We may also notify others who have the incorrect or incomplete medical information. This means you may request an amendment of personal 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. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for us;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

If we deny your request for amendment, we will provide a written explanation of why we did not make the amendment and explain your rights. You may submit a written statement of disagreement if we decide not to amend your record. We will keep your statement on file and distribute it with all future disclosures of the information to which it relates.

Right to accounting of disclosures You have the right to receive an accounting of certain disclosures made by us of your personal health information for six years prior to the date you ask. Requests must be made in writing and signed by you or your representative. Accounting request forms are available at the Milford office. The first accounting in any 12-month period is free; we may charge you for any additional accounting requests within the same 12-month period.

Right to restrictions on use and disclosure of your Personal Health Information. You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment or payment. We are not required to agree with your restriction requests but will attempt to accommodate reasonable requests when appropriate, and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate any agreed-to restriction by contacting the Atlantic Chiropractic Associates Privacy Officer. We are required to agree to your request to restrict the disclosure of information for payment to a health plan regarding healthcare items or services for which you or someone other than the health plan have paid in full or on an out of pocket basis.

Right to be notified in the event of a breach. We will notify you at our last known address for you if your medical information has been “breached,” which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

Right to choose a representative. You have the right to choose someone who may act on your behalf. If you have given someone legal authority to exercise your rights and choices about your health information, we will honor such a request once we verify its authority. This Notice also applies to minors and some disabled adults.

Right to receive confidential communications. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, if you want us to refrain from leaving appointment reminders on voice mail or if you would like appointment reminders sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing by providing a written request to our Privacy Officer. We will not ask you the reason for your request. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted or we are unable to contact you, we do not have to follow your request.

Right to a paper copy of this Notice. You have the right to a paper copy of this notice and may ask us to provide a copy of this Notice at any time. Copies of this Notice will be available at all Atlantic Chiropractic Associates locations, or you may contact the Atlantic Chiropractic Privacy Officer as explained at the end of the Notice, or you may obtain an electronic copy at the Atlantic Chiropractic Associates website, <https://www.aca-de.com>.

We are required by Federal law to maintain the privacy of our patient’s personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all personal health information maintained by us.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, in writing at Atlantic Chiropractic Associates, 509 Lakeview Ave., Milford, DE 19963, by telephone at 302-422-3100, by email at cjones@aca-de.com. You may also file a complaint with the Secretary of the U.S. Health and Human Services by sending a letter to 200 Independence Ave., S.W., Washington, D.C., 20201. **We will not retaliate against you for filing a complaint.**

Questions. If you have any questions or need further assistance regarding this Notice, or would like to exercise your privacy rights, you may contact the Privacy Officer in writing at Atlantic Chiropractic Associates, 509 Lakeview Ave., Milford, DE 19963, by telephone at 302-422-3100, or by email to cjones@aca-de.com.

Effective date: This Notice of Privacy Practices is effective April 1, 2024.