



# **CHAMBERLAIN CHIROPRACTIC**

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## **Notice of Privacy Practices**

Chamberlain Chiropractic is required to provide patients with this Notice of Privacy Practices. This notice describes how medical information about you may be used and disclosed as well as how you can get access to this information.

### **TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. We will use information to provide, coordinate and manage care and treatment. For example, we will release x-ray films and records to another doctor or clinic that is involved in your care. We may get copies of your health care information from another professional that is involved in your health care. We will use information for payment purposes. I.e., insurance plans, preparing and sending bills or claims. Collecting unpaid amounts (either ourselves or through a collection agency or attorney). We will use information for certain activities related to business functions of Chamberlain Chiropractic.

### **APPOINTMENT REMINDERS**

We may call or write to remind you of a scheduled appointment, or that it is time to make a routine appointment, or to reschedule an appointment. We may leave you a message on your home answer machine or with someone who answers your phone if you are not at home.

### **FAMILY MEMBERS OR OTHER RESPONSIBLE PARTIES**

We may use and disclose medical information to notify or help a family member or friend. If you are unable to make health care decisions, we will disclose relevant medical information to family members or other responsible parties if we feel it is in your best interest to do so. For example, we may provide limited medical information to allow another family member or friend who are helping you with your health care to pick up x-ray films or records.

### **USES AND DISCLOSURES WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses and disclosures are: when required by law; for public health activities; relating to victims of abuse/neglect/domestic violence; for health oversight activities; for judicial and administrative proceedings to the extent permitted by law; for law enforcement purposes; as permitted or required by law; to coroners/medical examiners/funeral directors, as permitted by law; for organ donation purposes; for research purposes under certain circumstances; to avert a serious threat to health safety; for certain specialized government functions, such as military discharge and national security and intelligence; and for workers' compensation purposes.

### **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign an "authorization form." Federal law determines the content of an "authorized form". Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

**The effective date of this notice is April 14, 2003 and remains effective until we replace it.**