NOTICE OF PRIVACY PRACTICES

Escobar Chiropractic LLC is required by law to maintain the privacy of your protected health information. The Notice of Privacy Practices tells you how your protected health information may be used and how Escobar Chiropractic keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information, as a part of Escobar Chiropractic's legal duties this Notice of Privacy Practices must be given to you upon your request. Escobar Chiropractic is required to follow the terms of the Notice of Privacy Practices currently in effect. Escobar Chiropractic may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revise notices of privacy practices will be posted on Escobar Chiropractic's office and will be available by email upon request. Uses and Disclosures of your protected Health Information.

Protected health information includes demographics and medical information that concerns the past, present, and or future physical or mental health of an individual. Demographics information could include your name, address, phone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identity a person. Protected health information is health information created or received by a health center provider, health plan, employer, or health care clearinghouse. Escobar Chiropractic can act as each of the above business type. This medical information is used by Escobar Chiropractic in many ways while performing normal business activities. Your protected health information may be used or disclosed by Escobar Chiropractic for the purposes of treatment, payment, and health care operations.

Healthcare professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another healthcare provider for purposes of your treatment. Escobar Chiropractic may use or disclose your health information with case management and services. Escobar Chiropractic may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided to you. Your information may be used by certain department personnel to improve Escobar Chiropractic's healthcare operations. Escobar Chiropractic also may send you appointment reminders, information about your treatment options or other health related benefits and services. Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons
- Investigations related to a missing child
- Interval investigations and audits by Escobar Chiropractic divisions bureaus, offices
- Investigations and audits by the state's Inspector General and Auditor General and the legislature's Office of Program Policy Analysis and Government Accountability
- Public health purposes including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulations of health professionals
- District medical examiner investigations
- Court orders, warrants, or subpoenas
- Law enforcement purposes, administrative investigations, judicial and administrative proceedings.

Other uses and disclosures of your protected health information by Escobar Chiropractic will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing. These uses and disclosures may be for marketing and for research purposes. Certain uses and disclosure of psychotherapist notes will also require your written authorization.

Individual Rights

You have the right to request Escobar Chiropractic to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. Escobar Chiropractic is not required to agree to any restrictions. You have the right to be assure that your information will be kept confidential. Escobar Chiropractic may mail or call you with health care appointment reminders. We will contact you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you. You have the right to inspect and receive a copy of your protected health in information. Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by Escobar Chiropractic.

Print Name: _____ *Signature:* _____ *Date*: _____