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HIPAA NOTICE OF PRIVACY PRACTICES

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 protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your right to access and control your PHI. PHI is about you, including demographics information, that may identify you and that relates to your past, present or future physical or mental health or condition and health care services.

1. Uses and Disclosures of Protected Health information (PHI)

Uses and Disclosures of PHI

Your PHI may be used and disclosed by your physician, our office staff, and others outside our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you or other physician to whom you have been referred to ensure that said physician has the information necessary to diagnosis or treat you.

Payment

Your PHI will be used, as needed, to obtain payment for your health care services. For example, your relevant information may be provided to your insurance carrier for the purposes of obtaining payment for services rendered.

Health Care Operations

We may use, or disclose, as needed your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review practices or arranging for other business activities. For example; we may use a sign in sheet at the registration desk where you will be asked to sign your name to indicate that you were willingly seen. We may also call you by name in the waiting room when your physician is ready to see you. We may also use or disclose your PHI, as necessary, to contact you to remind you of or schedule an appointment.

We may use or disclose your PHI in the following situations, as required by law, without your authorization. Public Health Issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration Requirements, Law Enforcement, Coroners, Funeral Directors, Criminal Activity, Military Activity and National Security, Worker's Compensation, Inmates,. Under law we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your Consent, Authorization, or Opportunity to Object, unless required by law.

You May Revoke this authorization at any time in writing, except to the extent that your physician or the physician's practice has taken action in reliance on the use and disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your PHI.

You have the right to inspect and copy your PHI. Under federal law however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative action or proceeding, and PHI that is subject to law the prohibits access to PHI.

You have the right to request a restriction of your PHI. This means that you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment, or health care operations. You may also request that any part of your PHI not be disclosed to any family members, or friends who may be involved in your care or for notification purposes as described in the Notices of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that your request. If your physician believes it is in your best interests to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Health Care Professional.

You have the right to request to receive confidential communications from us by by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request in hard copy or electronically.

You have the right to have your physician amend the PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you a copy of that rebuttal.

You have the right to receive an accounting of certain disclosures we have made if any, of your PHI. We reserve the right to change the terms of this office and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or tot he Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on July 1, 2008.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.