

Jacobs Chiropractic & Wellness Center  
Richard Jacobs D.C.  
John Neff D.C.

215 Gulf Breeze Parkway  
Gulf Breeze, FL 32561  
850.916.7060 Phone  
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2045 N. 12th Avenue  
Pensacola, FL 32503  
850.912.8485 Phone  
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## Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health is important to us.

### **Our Legal Duty**

We are required by applicable Federal and State Law to maintain the privacy of your health information. We are also required to give you this Notice about our Privacy Practices, our legal duties, and your rights concerning your health information. We must follow the Privacy Practices that are described in this Notice while it is in effect. This Notice takes effect 12/1/06 and will remain in effect until we replace it.

We reserve the right to change our Privacy Practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our Privacy Practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. When we make a significant change in our Privacy Practices, we will make the new Notice available upon request.

You may request a copy of our Privacy Practices at any time. For more information about our Privacy Practices, or for additional copies of this Notice, please contact our office.

### **Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations.

**TREATMENT:** We may use or disclose your health information to a Physician or other healthcare provider who is providing treatment to you.

**PAYMENT:** We may use and disclose your health information to obtain payment for services we provide to you.

**HEALTHCARE OPERATIONS:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professional, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**YOUR AUTHORIZATION:** In addition to our use of your health information for treatment, payment, and healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. **UNLESS YOU GIVE US WRITTEN AUTHORIZATION, WE CANNOT USE OR DISCLOSE YOUR HEALTH INFORMATION FOR ANY REASON EXCEPT THOSE DESCRIBED IN THIS NOTICE.**

**FAMILY AND FRIENDS:** We must disclose your health information to you as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but, **ONLY** if you agree that we may do so.

**PERSONS INVOLVED IN CARE:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.

**MARKETING HEALTH RELATED SERVICES:** We will not use your health information for marketing communications without your written authorization.

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**REQUIRED BY LAW:** We may use or disclose your health information when we are required to do so by law.  
**ABUSE OR NEGLECT:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or the safety or the health or safety of others.  
**NATIONAL SECURITY:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized Federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.  
**APPOINTMENT REMINDERS:** We may use or disclose our health information to provide you with appointment reminders such as voicemail messages, postcards or letters.

## **Patient Rights**

**ACCESS:** You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. You must make a request in writing to obtain access to your healthcare information. You may obtain a form at our office or you may send a letter. We will use the format that you request unless we cannot practicably do so. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies, we will charge you \$1.00 per page, \$25.00 per hour staff time to locate and copy your health information and postage if applicable. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.

**DISCLOSURE ACCOUNTING:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations and any other activity for the last 6 years, but not before December 2007. If you request this accounting more than once in a 12 month period, we will charge you \$25.00 per hour staff time to locate and document your health information.

**RESTRICTION:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We will abide by your request except in case of an emergency.

**ALTERNATIVE COMMUNICATION:** You have the right to request that we communicate with you about your health information by an alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**AMENDMENT:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

**ELECTRONIC NOTICE:** If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

## **Questions and Complaints**

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your information or to have us communicate with you by an alternative means or location, you may file a written complaint with us. You may also submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Samantha Ewing  
Email: [staff@jacobschiropractic.com](mailto:staff@jacobschiropractic.com)