



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY ADVANCED HEALTH OF NAPERVILLE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

THE PRIVACY OF YOUR HEALTH INFORMATION IS A PRIORITY IN THIS OFFICE.

HOW YOUR HEALTH INFORMATION MAY BE USED:

To Provide Treatment: We will use your health information within our office to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between all staff members. In addition, we may share your health information with referring physicians, clinical laboratories or other health care personnel providing you treatment.

To Obtain Payment: We may include your health care information with an invoice or billing summary to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We may also use this information for the purpose of gaining insurance benefit information and an estimate of covered expenses. We will be sure to work only with companies with a similar commitment to the security of your health information.

Court Orders and Judicial and Administrative Proceedings: We may disclose medical information in response to court or administrative orders, subpoena, discovery request, or other lawful processes, under certain circumstances.

To Conduct Health Care Operation: Your health care information may be used during staff training and/or evaluation to provide the best possible care to our patients. It is also possible health information may be disclosed during audits by insurance companies or government appointed agencies as a part of their quality assurance and compliance reviews. Your health information may be reviewed during routine processes of certification, licensing or credentialing activities.

In Patient Reminders: Because we believe regular care is very important to your general health, we will use your health information to contact you to remind you of a scheduled appointment or that it is time for you to make an appointment. Additionally, we may contact you to follow up on your care and progress

and inform you of treatment options and services that may be beneficial to you. These communications are an important part of our mission of partnering with our patients to provide the best benefits of chiropractic care. They may include letters, telephone reminders or electronic reminders such as email or text (unless you tell us that you do not want to receive these reminders as directed by your individual patient authorization).

Abuse or Neglect: We will notify government authorities if we believe a patient is a victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or the patient's agreement.

Public Health Activities: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease. We may also, when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading the disease or condition.

Family, Friends & Caregivers: We may share your health information with those you tell us will be helping you with your home care or financial responsibility for payment of your care.

Workers Compensation: We may disclose health information with authorized and necessary to comply with laws relating to workers compensation or other similar programs.

YOUR RIGHTS

- To restrict use of your information within reason in writing.
- To request communication preferences in writing.
- To inspect your health information.
- To express questions or complaints to us or the Secretary of Health & Human Services.

Client Signature

Date