



Active Family & Sports Chiropractic PLLC

1260 Gallaher Road, Suites B & C ♦ Kingston, TN 37763 ♦ (865) 248-8167 ♦ www.ActiveFamilyTN.com

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN OR RESTRICT ACCESS TO IT.

Patient Health Information and Privacy Policy

This policy outlines the way Patient Health Information (PHI) will be used in this office to carry out treatment, payment, case management/coordination, healthcare operations and other purposes that are permitted or required by law, and the patient's rights concerning those records. You must read and consent to this policy before receiving services. PHI refers to demographic information, information that identifies you, relates to your past, present or future physical or mental health/conditions and related health care services.

A complete copy of the Health Information Portability and Accountability Act (HIPAA) is available here:

<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAInfo/Downloads/HIPAALaw.pdf>

Patient Rights & Understandings

1. The patient has the right to examine and obtain a copy of their health records at any time and request corrections. Under federal law, you may not inspect or copy information regarding psychotherapy, or those compiled in reasonable anticipation of, or use in civil, criminal or administrative action or proceeding. You have the right to request amendments to your PHI, file a statement of disagreement if amendments not accepted, and we may provide a rebuttal statement.
2. The patient may request to know what disclosures have been made, and submit in writing any further restrictions on the use of their PHI, including requested restrictions and to whom you want the restrictions to apply. This office is not obligated to agree to those restrictions, for example, when the physician believes it is in your best interest to use or disclose protected health information. Your right is to use another healthcare provider.
3. The patient's written consent shall remain in effect for as long as the patient receives care at this office, regardless of the passage of time, unless the patient provides written notice to revoke their consent. A revocation of consent will not apply to any prior care or services.
4. This office is committed to protecting your PHI and meeting its HIPAA obligations: staff have been trained in the area of patient record privacy and privacy officials have been designated to enforce those procedures.
5. Patients have the right to file a formal complaint with our privacy official, Dr. Holly Tucker, or Dr. Jude Miller – Clinic Director about any suspected violations. You may also complain to the Secretary of Health & Human Services if you feel we have violated your privacy rights.
6. This office has the right to refuse treatment if the patient does not accept the terms of this policy.
7. You have the right to receive confidential communication from us by alternative means.

Professional Treatment

We will use PHI to provide, coordinate or manage your health care case, including management with a third party. For example, we would disclose information to an outside consulting physician, such as a radiologist reading x-rays for report, or to a referring or referred physician. Situations may arise which do not involve your expressed authorization to obtain PHI, such as Required by Law, Public Health issues, Law Enforcement, etc.

Office Operations and Marketing

We will use or disclose your PHI as needed to support the business operations of this practice. These operations include, but are not limited to, quality assessment, employee review and training, interning or observing students and conducting other business activities. For example, we may disclose PHI case information to students who visit this facility as part of an academic program. In addition, we may utilize a sign-in sheet or form at the front desk, and call you by name in the waiting room. As necessary, we may contact you to remind you of appointments or referrals, or wish you greetings during holidays or birthdays. Additionally, your name, address and phone number may be used by internal staff or external marketing agency for special marketing events, such as mailings, to personally contact you about our services. Your information will not be given or sold to a third party for use beyond business relations of this office. We

Payment: Assignment of Benefits and Release of Records

Your PHI will be used as needed to obtain payment for services rendered. The patient hereby assigns benefits be paid directly to this provider by all of their third party payors (insurance companies). This assignment is irrevocable. Failure to fulfill this obligation will be considered a breach of contract between the patient and this office. The patient authorizes this office to release any information required by a third party payor necessary for the reimbursement of charges incurred.

This notice was revised, published and becomes effective on **January 2, 2016**. We reserve the right to change the terms of this notice, and will inform you in-person upon your return to the practice at any date following your original acknowledgement of consent.



Informed Consent: Information regarding procedures offered in this office

Chiropractic care is a safe and effective approach for many health conditions, however as with any healthcare procedure, treatments present the risk of complications and/or negative side effects. Below is a list of treatments that are offered in this office and their potential associated risks. This information is exhaustive of all possible outcomes. Prior to any treatment a physician will evaluate to determine the most appropriate treatment option(s) for your case and to screen for any contraindications. Any increase in symptoms, or development of new symptoms should be reported to the physician as soon as possible.

- **Spinal adjustments, Extremity Adjustments (Chiropractic manipulative therapy)**

The risks associated with chiropractic treatments include, but are not limited to, dislocations and sprains, disc injuries, fractures, and strokes. These negative effects are very rare. A common side effect to chiropractic adjustments is some stiffness or soreness after the treatment. It may be recommended to use ice or heat packs to help with this discomfort.

- **Hot or Cold Pack Therapy**

Application of a hot or cold pack can cause a local burn. Several layers of towels are placed between your skin and a hot pack; an ice pack may be applied directly to the skin. If you have sensitive skin, you may experience a reaction. During this therapy, you will be asked if you are comfortable; if the pack is irritating your skin, voice this discomfort immediately.

- **Electric Muscle Stimulation (Electrotherapy)**

An electrical current is transmitted via electrodes into the skin, muscles and surrounding tissues. A small defect in the electrode coating (not always detectable by observation) may concentrate the current in one area, and cause a small burn to the skin. Additionally, the electric stimulation causes the muscles to contract, which could cause a cramp in rare circumstances. During this therapy, you will be asked if you are comfortable; if you are experiencing a sting or burn or discomfort, voice this immediately.

- **Ultrasound Therapy**

Ultrasound therapy is applied through a probe, which transmits sound waves to produce deep heat in the tissues. The associated risk could be burning of the tissues at the application site. This therapy should not be painful. During this therapy, you will be asked if you are comfortable; if you are experiencing a sting or burn or discomfort, voice this immediately. If you have any metal implants, this will cause an increase in heat in the tissues; please inform the physician of this prior to commencing treatment.

- **Therapeutic Exercises, Neuromuscular Re-education/Gait Training**

This therapy involves using exercises to improve range of motion, strengthen or stabilize the structures that support your musculoskeletal system. These exercises will be dependent on your case, but may cause an increase in heart rate and may require body movements that you are not accustomed to. A common side effect to therapeutic exercise is some soreness during or after the treatment, which is not harmful, but part of the healing process. It may be recommended to use ice or heat packs to help with this discomfort, and to drink plenty of water following treatment. Risks associated with exercises include, but are not limited to: sprains, strains, fractures, dislocation, and rarely heart problems.

- **Manual Therapy (Massage Therapy, Soft Tissue therapy, Myofascial Release, etc.)**

This therapy involves treating the associated soft tissues that may complicate your condition, by using the doctor's or therapist's hands, plastic or metallic instruments and lotion, ointments or Biofreeze. The risks associated with manual therapy include, but are not limited to, dislocations and sprains, bruising, swelling, redness of the skin, and strokes. These negative effects are very rare. A common side effect to manual therapy is some stiffness or soreness after the treatment, which is not harmful, but part of the healing process. It may be recommended to use ice or heat packs to help with this discomfort, and to drink plenty of water.

- **Strapping**

This therapy involves using specialized tape, which is applied to the skin in order to assist with stabilization of a joint or area. Do not use heat (such as a blow dryer) over the tape, as it may cause a reaction with the glue. Remove the tape if it causes discomfort or a local skin reaction. Risks include but are not limited to: skin irritation.

- **Decompression**

The risks associated with non-invasive decompression treatments include, but are not limited to: worsening of pain, spasm, dislocations and sprains, disc injuries, fractures.

- **Acupuncture or Dry Needling**

Diagnosis using traditional Chinese methods and electrical scanning devices may be used to determine Acupuncture diagnosis of whole body health state. Sterile, single use needles will be inserted in the skin or soft tissues for a therapeutic effect. Rubbing alcohol swabs may be used to cleanse the area before insertion of a needle. All needles are disposed of properly in biohazard containers. Risks include but are not limited to: soreness, bruising, bleeding, infection, lung/organ puncture.

- **Nutritional Supplements and Other Products**

Various products may be sold in this office to assist in the therapeutic effect of treatment. Please see any attached documents that accompany the products for full details regarding function and associated risks. Possible side effects of these products, based on your health history and use of other pharmaceuticals or nutritional supplements have been screened prior to recommendation. Direct any questions to the prescribing physician.