

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

NEW SOUTH MEDICAL is required by law to maintain the privacy and confidentiality of your protected health information.

DISCLOSURE OF YOUR HEALTH INFORMATION

Treatment-We may disclose your health information to other healthcare professionals within our practice for the purpose of treatment, payment, or healthcare operations.

Payment-We may disclose your health information to your insurance provider for the purpose of treatment, payment, or healthcare operations.

Workers Compensation-We may disclose your health information as necessary to comply with State Workers Compensation Laws.

Emergencies-We may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infections exposure.

Public Health- As required by law, we may disclose you health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting disease or infection exposure.

Judicial and administrative Proceedings-We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement- We may disclose your health information to law enforcement official for purposes such as indentifying or location a suspect fugitive, material witness, or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons-We may disclose your health information to coroners or medical examiners.

Organ Donation- We may disclose your health information to organization involved in procuring, banking or transplanting organs and tissues.

Research we may disclose your health information to researchers' conducting research that has been approved by an institutional Review Board.

Public Safety-It may be necessary to disclose your health information to appropriate person in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized Government Agencies- we may disclose your information for military nation's security, prisoner and government benefits purposes.

Marketing-We may contact you for marketing purposes or fundraisings purposes. We may call you at home to remind you of appointments and may Leave a message is there is no answer you are not available. No health information will be disclosed other than the date and time of your next appointments we may send a letter, postcard, invitation, or call your home in order to participate in certain events. We may from time to time send you newsletters, birthday cards, reminder cards, holiday greeting cards, thank you cards or office letters.

Change of Ownership In the event that. NEW SOUTH MEDICAL is sold or merges your health information/record will become the property of the new owner.

You're Health Information Rights- You have the right to request restrictions on certain uses and disclosures of your health information. of New South Medical is not required to agree to the restriction. You have the right to have your health information received or communicated through an alternative method or sent to an alternative location. You have the right to provided and explanation and about how you can disagree with the denial. You have the right to receive an accounting of disclosures of your protected health information. You have a right a copy of this Notice of Privacy Practice any time upon request.

Treatment-This office uses open room adjusting and therapy. Per request we will accommodate you to a closed room for adjusting and therapy.

Changes to this Notice of Privacy Practices- NEW SOUTH MEDICAL reserves the right to amend this Notice of Privacy Practices at any time and will make the new provisions effective for all information it maintains. If you have any questions about any part of this notice or if you want more information contact NEW SOUTH MEDICAL. If no one is available you may make an appointment to meet with a manager in person or via telephone within two workings days.

Complaints-Complaints about how anyone has handled our health information show are directed towards a manager. If you are not satisfied with the manner in which this office handles you complaint, you may submit a formal complaint to:

DHHS,office of Civil Rights;

200 Independence Ave. S.W;

509F HH Building; Washington D.C, 20201.

This notice is Effective as of May 1, 2023

I have read the Privacy Notice and understand my rights contained in the notice, By way of my signature I provide NEW SOUTH MEDICAL with my authorization and consent to use and disclose my protected health information for the purposes of treatment. Payment and heal care operations as described in this notice. The staff of NEW SOUTH MEDICAL has explained the Notice of Privacy Practices to my satisfaction. I am aware the NEW SOUTH MEDICAL has the right to change the terms of its notice and make any new provisions effective for all protected health information that it maintains.

Patients Name (PRINT)

Patients Signature

Date

Authorized Facility Signature

Date