

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact Dr. Kramer at (864-331-9484).

Specifically, you have the right to:

1. *Inspect and obtain a copy your health information.* With a few exceptions, you have the right to inspect and obtain a copy of your health information. Please note that Dr. Kramer may charge a reasonable fee if you want a copy of your health information.
2. *Requests to correct your health information.* If you believe your health information is incorrect, you may ask to have the information corrected. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. If Dr. Kramer did not create the health information that you believe is incorrect, or if he disagrees with you and believes your health information is correct, he may deny your request, however.
3. *Request restrictions on certain uses and disclosures.* You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, insurance reimbursement or other health care operation activities. Or, you may limit the health information provided to family or friends involved in your care or payment of medical bills. You may also limit the health information provided to authorities with disaster relief efforts or emergency services.
4. *As applicable, receive confidential communication of health information.* You have the right to ask that Dr. Kramer communicate your health information to you in a different way or place. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. Dr. Kramer will accommodate reasonable requests.
5. *Right to an Accounting of Disclosures.* In some limited instances, you have the right to ask for a listing of the disclosures of your health information. The disclosures must have been made after April 14, 2003, and no more than 6 years from the date of request. We may not charge you for the list, unless you request such a list more than once per year. Please note that there may be certain information which is not disclosed in the accounting; such as disclosures made to you, national security agencies, and law enforcement/corrections.
6. *Obtain a paper copy of this notice.* Upon your request, you may at any time receive a paper copy of this Notice of Provider Privacy Practices.
7. *Complaint.* If you believe your privacy rights have been violated, you may file a complaint with Dr. Kramer and with the Federal Department of Health and Human Services.

Should you file a complaint, please know that Dr. Kramer will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact: Dr. Jeff Kramer, 7 Brendan Way, Suite C, Greenville, South Carolina 29615 or Secretary of Health and Human Services, 200 Independence Avenue, SW, Washington DC 20201, (877) 696-6775, who will provide you with the necessary assistance and paperwork.

This notice of Health Care Information Privacy is Effective April 20, 2007 (Updated).

You may ask for a copy of Dr. Kramer's current Notice of Provide Privacy Practices at any time.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact:

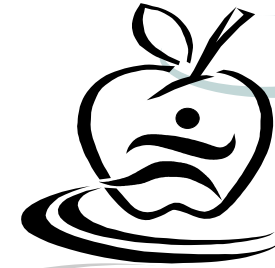
W. Jeffrey Kramer, DC, ND, PhD, DACBN
7 Brendan Way, Suite C
Greenville, South Carolina 29615
(864) 311-9484

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotline-Voice: 1 (800) 368-1019

Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
Toll Free: 1 (877) 696-6775

To obtain more information about Dr. Kramer's privacy practices, to receive additional copies of this notice or to request forms to access or amend health information, please contact:

W. Jeffrey Kramer, DC, ND, PhD, DACBN
7 Brendan Way, Suite C
Greenville, South Carolina 29615
(864) 311-9484



Alternative Health & Chiropractic Wellness

Dr. Jeff Kramer
Holistic Chiropractor

Notice of Provider Privacy Practices

7 Brendan Way, Suite C
Greenville, South Carolina 29615
(864) 311-9484
www.AltHealthChiroWellness.com

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

Dr. W. Jeffrey Kramer must maintain the privacy of your personal health information (PHI) and give you this notice that describes his legal duties and privacy practices concerning your personal health information. In general, when he releases your health information he must release only the information he needs to achieve the purpose of the use or disclosure. However, all of your personal health information will be available for release to you, to a provider regarding your treatment, or due to a legal requirement. Dr. Kramer must follow the privacy practices described in this notice.

Dr. Kramer reserves the right to change the privacy practices described in this notice, in accordance with the law. Changes to his privacy practices would apply to all health information he maintains. If he does change his privacy practices, he will give you a revised copy of the privacy notice by the revision of this brochure.

Once you have signed the consent form, Dr. Kramer can use your health information for the following purposes:

1. **Treatment.** For example, Dr. Kramer may use the information in your healthcare record to determine which treatment option, such as chiropractic adjustment, nutrition therapy or homeopathy, best addresses your health needs. The treatment selected will be documented in your health record, so that other health care professionals can make informed decisions about your care.
2. **Payment.** In order for an insurance company to pay for your treatment, Dr. Kramer may be requested to submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, he will pass such health information on to an insurer in order to help you recover payment for your healthcare bills.
3. **Health Care Operations.** Dr. Kramer may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care he delivers. These quality and cost improvement activities may include examining the effectiveness of the treatment provided to you when compared to other patients in similar situations.

Additional Uses

In addition, Dr. Kramer may want to use your health information for appointment reminders. For example, he may look at your health record to determine the date and time of your next appointment, and then send you a reminder letter or leave a phone message to help you remember the appointment.

Or, he may use your health information to decide if another treatment or a new service he offers may interest you. For example, he may contact a patient with a specific condition to notify them that he has a new nutritional product or service that may be of assistance.

Please note that if you refuse to provide your consent to these terms, Dr. Kramer may refuse to treat you.

WITHOUT your written consent or authorization, Dr. Kramer can use your health information for the following purposes:

1. **As required or permitted by law.** Sometimes he must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, he may have to report abuse, neglect, domestic violence or certain physical injuries, or respond to a court order.
2. **For public health activities.** He may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your health record to report certain diseases, injuries, birth or death information, information of concern to Food and Drug Administration, or information related to child abuse or neglect. He may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
3. **For health oversight activities.** He may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
4. **For activities related to death.** He may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.

5. **For organ, eye, or tissue donation.** He may disclose your health information to people involved with obtaining, storing, or transporting organs, eyes, or tissue of cadavers for donations purposes.
6. **To avoid a serious threat to health or safety.** As required by law and standard of ethical conduct, he may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.
7. **For military, national security, or incarceration/law enforcement custody.** If you are involved with the military, national security or intelligence activities, or you are in custody of law enforcement officials or an inmate in a correctional institute, he may release your health information to the proper authorities so they may carry out their duties under the law.
8. **For worker's compensation.** He may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.
9. **To those involved with your care or payment of your care.** He may release your health information to organizations authorized to handle disaster relief efforts or emergency services so those who care for you can receive information about your location or health status in order to provide the most efficient and timely care. He may allow you to agree or disagree orally to such release, unless there is an emergency.

NOTE: Except for the situations listed above, Dr Kramer must obtain your specific written authorization for any other release of your information. An authorization is different than consent. One primary difference is that unlike with consents, a provider must treat you even if you do not wish to sign an authorization form. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to: Dr. Jeff Kramer, Privacy Officer, 7 Brendan Way, Suite C, Greenville, South Carolina 29615

