



# Main Street Chiropractic

301-B Main Street  
North Myrtle Beach, SC 29582

**Charles L. Lennon III, D.C.**

Phone (843) 249-6543

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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 MAKE SURE YOU READ THIS CAREFULLY.**

THE PRIVACY OF YOUR HEALTH INFORMATION 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 05-01-2016 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and applicable law permits the terms of this notice at any time, provided such changes. We reserve the right to make changes in our privacy practices and 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. Before we make a significant change in our privacy practices, we will change this notice and make *new* notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or request additional copies of this notice, please contact us using the information listed at the end of this notice.

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### USES AND DISCLOSURES OF HEALTH INFORMATION

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

FOR EXAMPLE:

**Treatment:** We may use or disclose your health information to physicians or other healthcare providers providing you treatment.

**Payment:** We may Use and disclose your health information to obtain payment for services provided to you.

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**Your Authorization:** In addition to our use of your health information for treatment and payment, you may give us written authorization to use your health information or to discuss it to anyone for any purpose. If you give us an authorization, you may revoke it at any time in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in affect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**Disclosure Accounting:** You have the right to receive a list of instances in which our business associates or we disclosed your health information for purposes other than treatment, payment and certain other activities, for the last 6 years but not before June 15, 2016. If you request accounting more than once in a 12-month period, we may charge you a reasonable, cost based fee for responding to these additional request.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information, We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency situation.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations, (you must make your request in writing,) your request must specify the 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.

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## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, contact us.

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 health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice, you also may submit a written complaint to the US Department of Health and Human Services, We will provide you with the address to file your complaint with the US Department of Health and Human Services upon request.

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 US Department of Health and Human Services.

Contact Officer: Tricia Sims or Dr. Charles L. Lennon III, D.C.  
Telephone: (843) 249-6543 or fax at (843) 280-0837  
Address: 301-B Main Street, North Myrtle Beach, SC 29582