

DR. DON LOUNSBURY

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NASHVILLE, TN 37214
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THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In the course of your care as a patient at Dr. Lounsbury's Office, we may use or disclose personal and health related information about you in the following ways:

**Your protected health information (PHI), including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment. Your PHI may be used to obtain information needed to treat you. For example, we may ask for results of tests or other medical records from other healthcare professionals. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.*

**Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you received from Dr. Lounsbury. For example, we may contact your health insurer to certify that you are eligible. We may also use and disclose your PHI to collect or help collect payment for services, such as, but not limited to, insurance carriers, guarantors, and collection agencies.*

**Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of services provided to you.*

**Your name, address, phone number, email, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.*

You have a right to request restrictions on our use of your protected health information for treatment, payment and operations purposes. Such requests are not automatic and require the agreement of this office.

Your name, address, telephone number, email address and health records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have a right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations.

We are permitted and may be required to use or disclose your health information without your authorization in these following circumstances:

**If we provide health care services to you in an emergency.*

**If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.*

**If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.*

**If we are ordered by the courts or another appropriate agency*

Any use or disclosure of your protected health information, other than as outlined in this notice, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date. Information that we use or disclose based on this privacy notice may be subject to redisclosure by the person to

