

# Notice of Privacy Practices

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## NOTICE OF PRIVACY PRACTICES

### Well Rooted Chiropractic, P.C.

16 Madison Square West, 11th Floor  
New York, NY 10010  
Phone: 212-655-5802  
(Formerly Bajaj Chiropractic)

### Well Rooted Health, LLC

189 Elm Street, 2nd Floor  
Westfield, NJ 07090  
Phone: 908-588-7532

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

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## I. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting your health information.

We create a record of the care and services you receive from us. This record is needed to provide quality care and to comply with certain legal requirements.

This notice applies to all records of your care generated by this practice.

This notice describes:

- How we may use and disclose health information about you
- Your rights regarding the health information we maintain
- Our obligations regarding the use and disclosure of your health information

We are required by law to:

- Ensure that protected health information ("PHI") that identifies you is kept private
- Provide you with this notice of our legal duties and privacy practices
- Follow the terms of the notice currently in effect

We may change the terms of this Notice. Any changes will apply to all information we maintain about you. The updated notice will be available upon request, in our offices, and on our website.

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## II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

### For Treatment, Payment, and Health Care Operations

Federal privacy rules allow healthcare providers with a direct treatment relationship with a patient to use or disclose the patient's personal health information without written authorization in order to carry out treatment, payment, or healthcare operations.

We may also disclose your protected health information for treatment activities of other healthcare providers.

For example:

- Consultation between healthcare providers
- Referrals to other providers

- Coordination and management of your healthcare
- Billing and payment processing

Because healthcare providers often require full information to provide appropriate care, disclosures for treatment purposes are not limited to the minimum necessary standard.

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### **Lawsuits and Disputes**

If you are involved in a lawsuit or legal dispute, we may disclose health information in response to a court or administrative order or other lawful process.

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## **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

### **Session Notes**

If session notes are maintained, their use or disclosure requires your authorization except in specific circumstances permitted by law.

### **Marketing**

As healthcare providers, we **do not use or disclose your PHI for marketing purposes.**

### **Sale of PHI**

**We do not sell protected health information.**

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## **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE AUTHORIZATION**

Subject to certain legal limitations, we may use and disclose PHI without authorization for:

- Public health activities
  - Reporting suspected abuse or neglect
  - Health oversight activities
  - Judicial or administrative proceedings
  - Law enforcement purposes
  - Coroners or medical examiners
  - Research activities
  - Specialized government functions
  - Workers' compensation requirements
  - Preventing serious threats to health or safety
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### **Appointment Reminders and Health-Related Services**

We may use or disclose your PHI to contact you with appointment reminders or to provide information about treatment alternatives or other healthcare services that may be of interest to you.

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## **V. DISCLOSURES WHERE YOU MAY OBJECT**

We may share relevant health information with family members, friends, or others involved in your care or payment for care unless you object.

In emergency situations, consent may be obtained retroactively.

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## **VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the right to:

- Request limits on certain uses and disclosures of PHI
- Request confidential communication methods
- Access and obtain copies of your health records
- Request corrections to your PHI
- Receive a list of disclosures made outside of treatment, payment, or operations
- Receive a copy of this Notice

Requests must be submitted in writing and will be addressed within the timeframes required by law.

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### **SMS COMMUNICATION POLICY**

We may communicate with patients via SMS text messaging for purposes related to patient care, including:

- appointment reminders
- scheduling coordination
- responses to patient inquiries

Patients provide their phone number and consent to receive SMS communications during the intake process through our secure patient portal.

Consent to receive SMS messages is **voluntary and not required to receive care**.

Message frequency depends on patient activity and appointment scheduling.

**Message and data rates may apply.**

Patients may opt out of SMS communications at any time by replying **STOP** to any message.

Mobile phone numbers and SMS consent are **not shared with third parties for marketing purposes**.

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### **EFFECTIVE DATE**

This Notice of Privacy Practices became effective October 18, 2012.