

# DOIRON CHIROPRACTIC & SPORTS REHABILITATION LLC

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## HIPAA NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES YOUR RIGHTS TO PRIVACY REGARDING YOUR PROTECTED HEALTH INFORMATION, HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION.

### POLICY STATEMENT

Doiron Chiropractic & Sports Rehabilitation (DCSR) is committed to maintaining the privacy of your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This *Notice of Privacy Practices* describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

DCSR is required to abide by the terms of this *Notice of Privacy Practices*. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised *Notice of Privacy Practices*. You may request a revised version by accessing our website, requesting that a revised copy be mailed to you or asking for one at your appointment.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

DCSR, including physicians, office staff and others outside of the office who are involved in providing health care services to you may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of DCSR. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure, but to describe the types of uses and disclosures that may be made by DCSR.

**Treatment:** DCSR will use and disclose your PHI to health care professionals directly involved in your care in order to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, your physician may need to know how your condition is responding to the treatment provided by DCSR.

**Payment:** In order to get paid for some or all of the health care provided to you by DCSR, DCSR may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, DCSR may need to provide your health insurance carrier with information about health care services you received from DCSR so DCSR may be properly reimbursed.

**Health Care Operations:** DCSR may compile, use and/or disclose your PHI in order for DCSR to operate in accordance with applicable law and insurance requirements and to provide quality and efficient care. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, fundraising activities, and conducting or arranging for other business activities.

In addition, DCSR may share your PHI with third party "business associates" that perform various activities for DCSR necessary for your treatment, payment and/or health care operations (i.e., billing services). DCSR will obtain satisfactory written assurance, in accordance with applicable law, that any business associates and their subcontractors will appropriately safeguard your PHI.

### AUTHORIZATION NOT REQUIRED

DCSR may use and/or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object.

**De-identified Information:** DCSR may disclose your PHI if it is altered so that it does not identify you and, even without your name, cannot be used to identify you.

**Personal Representative:** DCSR may disclose your PHI to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

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**Public Health Activities:** DCSR may disclose your PHI to a public health authority that is permitted by law to collect or receive the information. For example, information collected by a public health authority, as authorized by law, to prevent or control disease or injury. This includes reports of child abuse or neglect.

**Health Oversight Activities:** DCSR may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections required by government agencies involved in oversight activities of the health care system, government benefit programs, government regulatory programs and civil rights law.

**Communicable Diseases:** DCSR may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.

**Federal Drug Administration:** DCSR may disclose your PHI if required by the Food and Drug Administration for the purpose of quality, safety or effectiveness of FDA-regulated products or activities including to report adverse events, product defects, problems, biological product deviations, or to track products. In order to enable product recalls, repairs or replacements, or to conduct post marketing surveillance, as required.

**Abuse, Neglect or Domestic Violence:** DCSR may disclose your PHI to a government authority, if DCSR is required by law to make such a disclosure. If DCSR is authorized by law to make such a disclosure, it will do so if it believes the disclosure is necessary to prevent serious harm or if DCSR believes you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of applicable federal and state laws, which may also involve notice to you of the disclosure.

**Avert a Threat to Health or Safety:** DCSR may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

**Legal Proceedings:** DCSR may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. For example, DCSR may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

**Law Enforcement Purposes:** In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes, including:

- Complying with a legal process (i.e., subpoena) or as required by law
- Information for identification and location purposes (e.g., suspect or missing person)
- Information regarding a person who is or is suspected to be a crime victim
- In situations where the death of an individual may have resulted from criminal conduct
- In the event of a crime occurring on the DCSR premises
- A medical emergency (not on DCSR premises) has occurred, and appears that a crime has occurred

**Criminal Activity:** Consistent with applicable federal and state laws, DCSR may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. DCSR may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Required by Law:** DCSR may use or disclose your PHI if required by law. Any use or disclosure will be made in compliance with the law and will be limited to the requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Military Activity and National Security:** When appropriate, DCSR may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits or to foreign military authority if you are a member of that foreign military service. DCSR may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.

**Disaster Relief Efforts:** DCSR may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

**Inmates:** DCSR may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

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**Coroner or Medical Examiner:** DCSR may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

**Organ, Eye or Tissue Donation:** If you are an organ donor, DCSR may disclose your PHI to the entity to whom you have agreed to donate your organs.

**Workers' Compensation:** DCSR may disclose your PHI, as authorized, to comply with worker's compensation laws and other similar legally established programs.

**Research:** If DCSR is involved in research activities, your PHI may be used but only when the research has been approved by an institutional review board that has reviewed the proposal and established research protocols (such as de-identification of your PHI) to ensure the privacy of your PHI. Individuals have the option to 'opt out' of certain types of research activities.

**Marketing:** Face to face communication directly with the patient, treatment and coordination of care activities, refill reminders, communications about drugs that have already been prescribed, or promotional gifts of nominal value do not require authorization as long as the DCSR receives no financial remuneration for making the communication. All other situations require separate authorization.

**WRITTEN AUTHORIZATION REQUIRED**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization in writing at any time, in which case DCSR will no longer use/ disclose your PHI for the reasons covered by your written authorization, however, we are unable to take back any disclosures already made with your permission. DCSR will not use or disclose your PHI for the following purposes, where applicable, without your written authorization:

**Marketing:** Does not include marketing communications described above. DCSR will obtain prior authorization before disclosing PHI in connection with marketing activities in which financial remuneration is received.

**Sales:** DCSR may receive payment for sharing your information in specific situations (i.e., public health purposes or specific research projects – see above).

**Specially Protected Information:** Certain types of information such as psychotherapy notes, HIV status, substance abuse, mental health, and genetic testing information require separate written authorization for the purposes of treatment, payment or healthcare operations.

**OTHERS INVOLVED IN YOUR HEALTH CARE OR PAYMENT OF CARE**

Unless expressly prohibited by you, DCSR may disclose PHI to a member of your family, a relative, a close friend or any other person you identify as it *directly* relates to that person's involvement in your health care. If you do not express an objection or are unable to agree or object to such a disclosure, DCSR may disclose PHI, as necessary, if we determine that it is in your best interest based on our professional judgment. DCSR may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, DCSR may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**DCSR CONTACTING YOU**

DCSR may from time to time contact you for the following reasons.

**Appointment Reminders:** DCSR may contact you to provide appointment reminders. The reminder may be in the form of a postcard, email or text. DCSR will try to minimize the amount of information contained in the reminder. DCSR may also contact you by phone and, if you are not available, will leave a message for you.

**Treatment Alternatives / Benefits:** DCSR may, from time to time, contact you about treatment alternatives it offers, or other health benefits or services that may be of interest to you.

**YOUR RIGHTS**

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The following is a statement of your rights regarding your PHI and a brief description as to how you may exercise these rights. To obtain more information, or if you have any questions about your rights, please contact DCSR.

**Revoking Authorizations:** You have the right to revoke any authorization, in writing, at any time. To request a revocation, you must submit a written request to DCSR. Marketing revocations may be submitted to the DCSR via telephone or email.

**Requesting Restrictions:** You have the right to request restrictions on certain use and/or disclosure of your PHI as provided by law. This means you may ask DCSR to not use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described above. However, DCSR is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to DCSR informing DCSR of what information you want to limit, whether you want to limit DCSR's use or disclosure, or both, and to whom you want the limits to apply. If DCSR agrees to your request, DCSR will comply with your request unless the information is needed in order to provide you with emergency treatment.

**Out-of-Pocket Services:** You have the right to restrict disclosures to your health plan when you have paid out-of-pocket in full for health care items or services provided by DCSR.

**Alternative Communications:** You have the right to receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to DCSR. DCSR will accommodate all reasonable requests.

**Copy of Your PHI:** You have the right to inspect and copy your PHI as provided by law and for as long as DCSR maintains the PHI. Under federal law you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to PHI. To inspect and copy your PHI, you must submit a written request to DCSR. In certain situations, DCSR may deny your request but you will have the right to have the denial reviewed. DCSR may charge you a fee for the cost of copying, mailing or other supplies associated with your request.

**Amend Your PHI:** You have the right to request an amendment to your PHI as provided by law. To request an amendment, you must submit a written request to DCSR and you must include a reason that supports your request. DCSR may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by DCSR (unless the originating individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by DCSR, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with DCSR's denial, you have the right to submit a written statement of disagreement.

**Account of Non-Routine Disclosures:** You have the right to receive an accounting of non-routine disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to DCSR. The request must state a time period which may not be longer than six years and may not include the dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12 month period will be free, but DCSR may charge you for the cost of providing additional lists in that same 12 month period. DCSR will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

**Copy of Privacy Practices:** You have the right to obtain a paper copy of this *Notice of Privacy Practices* from DCSR upon request.

### DCSR REQUIREMENTS

The following is a statement of DCSR's responsibilities regarding your PHI. To obtain more information, or if you have any questions, please contact DCSR.

- DCSR is required by law to maintain the privacy of your PHI
- DCSR is required to abide by the terms of this *Notice of Privacy Practices*
- DCSR reserves the right to change the terms of this *Notice of Privacy Practices* and to make the new *Notice of Privacy Practices* provisions effective for all of your PHI that it maintains
- DCSR must make a good faith effort to obtain from you an acknowledgment of receipt of this notice

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- DCSR is required to provide you with this *Notice of Privacy Practices* upon request and will post this *Notice of Privacy Practices* in the DCSR lobby
- DCSR will inform you in a timely manner, if there is a case of a breach of unsecured PHI

**COMPLAINTS**

Please contact DCSR to file a complaint with DCSR. All complaints must be in writing. If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights. DCSR will not retaliate against you for filing a complaint.

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