

# NOTICE OF PRIVACY PRACTICES

Effective 09/25/2014

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION.

## POLICY STATEMENT

Integrity Chiropractic, LLC ("Integrity Chiropractic") is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from our clinic and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the clinic, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

## USE OR DISCLOSURE OF PHI

Integrity Chiropractic may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the clinic. 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.

- Care – In order to provide care to you, we will provide your PHI to those health care professionals directly involved in your care so they may understand your medical condition and needs and provide advice or treatment. For example, we may discover a condition while you are seeking chiropractic care that warrants referral to your primary care physician and they may need to know the presentation at the time of discovery. You may also need to be referred out for imaging services prior to receiving chiropractic care.
- Payment – In order to be paid for some or all of the health care provided by us, the clinic may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, the clinic may need to provide your spouse or partner with information about health care services you received from the clinic so the clinic may be properly reimbursed.
- Health Care Operations – In order for the clinic to operate in accordance with applicable laws and in order for the clinic to provide quality and efficient care, it may be necessary for the clinic to compile, use and/or disclose your PHI. For example, the clinic may use your PHI in order to evaluate the performance of the clinic's personnel in providing care to you.

Note: Genetic information is protected by law and is not considered part of Health Care Operations.

## AUTHORIZATION NOT REQUIRED

The clinic may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

1. De-identified Information – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
2. Vendors – To a vendor, who is someone the clinic contracts with to provide a service necessary for your treatment, payment for your treatment and/or health care operations (e.g., electronic health record management). The clinic will obtain satisfactory written assurance, in accordance with applicable law, that the vendor and their subcontractors will appropriately safeguard your PHI.
3. Personal Representative – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. Public Health Activities – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.

5. Federal Drug Administration – If required by the Food and Drug Administration to report adverse events, product defects, problems, biological product deviations, or to track products, enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
6. Abuse, Neglect or Domestic Violence – To a government authority, if the clinic is required by law to make such disclosure. If the clinic 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 the clinic believes you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.
7. Health Oversight Activities – Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
8. Family and Friends - Unless expressly prohibited by you, the clinic 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 object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment.
9. Judicial and Administrative Proceeding – For example, the clinic may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
10. Law Enforcement Purposes – In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the clinic; and (6) a medical emergency (not on the clinic's premises) has occurred, and it appears that a crime has occurred.
11. Coroner or Medical Examiner – The clinic 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.
12. Research – If the clinic is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board, the de-identification of your PHI before it is used, and the requirement that protocols must be followed. Individuals have the option to 'opt out' of certain types of research activities.
13. Avert a Threat to Health or Safety – The clinic 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.
14. Specialized Government Functions – When the appropriate conditions apply, the clinic may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The clinic may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.
15. Inmates – The clinic 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.
16. Workers' Compensation – If you are involved in a Workers' Compensation claim, the clinic may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
17. Disaster Relief Efforts – The clinic may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.
18. Marketing - Face to face communication directly with the patient, treatment and coordination of care activities, or promotional gifts of nominal value do not require authorization as long as the clinic receives no financial remuneration for making the communication. All other situations require separate authorization.
19. Required by Law – If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

## AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your **written** Authorization. These authorizations may be revoked at any time, however, we cannot take back disclosures already made with your permission.

We also will NOT use or disclose your PHI for the following purposes, where applicable, without your express *written* Authorization:

- Marketing - This does not including marketing communications described in item #18. It is our current policy to not conduct any marketing outside of this, however the clinic will obtain prior authorization before disclosing PHI in connection with marketing activities in which financial remuneration (when we are paid to make the communication) is received.
- Sales – It is the policy of this clinic to not sell any of your PHI.
- Specially Protected Information - Certain types of information such as psychotherapy notes, HIV status, substance abuse, mental health, and genetic testing information require their separate written authorization for the purposes of treatment, payment or healthcare operations.

## APPOINTMENT REMINDERS

The clinic may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of email. The clinic will try to minimize the amount of information contained in the reminder. The clinic may also contact you by phone and, if you are not available, the clinic will leave a message for you. You have the right to request the method in which we contact you.

## TREATMENT ALTERNATIVES/BENEFITS

The clinic respects your privacy and will not contact you about any new treatment alternatives it offers, or other health benefits or services that may be of interest to you beyond the clinic. Instead, we will use our webpage [www.integritydc.com](http://www.integritydc.com) to communicate to you any of the above.

## YOUR RIGHTS

You have the right to:

- Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the clinic's front desk.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the clinic is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the clinic's front desk. In your written request, you must inform the clinic of what information you want to limit, whether you want to limit the clinic's use or disclosure, or both, and to whom you want the limits to apply. If the clinic agrees to your request, the clinic will comply with your request unless the information is needed in order to provide you with emergency treatment.
- Restrict disclosures to your health plan when you have paid out-of-pocket in full for health care items or services provided by the clinic.
- Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the clinic's front desk or Dr. Wen. The clinic will accommodate all reasonable requests.
- Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the clinic's front desk. In certain situations that are defined by law, the clinic may deny your request, but you will have the right to have the denial reviewed. The clinic may charge you a fee (to cover costs incurred by the clinic to reproduce records) for the cost of copying, mailing or other supplies associated with your request.
- Amend your PHI as provided by law. To request an amendment, you must submit a written request to the clinic's front desk or Dr. Wen. You must provide a reason that supports your request. The clinic 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 the clinic (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 the clinic, 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 the clinic's denial, you have the right to submit a written statement of disagreement.

- 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 the clinic's front desk or Dr. Wen. The request must state a time period which may not be longer than six years. 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 the clinic may charge you for the cost of providing additional lists in that same 12 month period. The clinic will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- Receive a paper copy of this Notice of Privacy Practices from the clinic upon request.
- To file a complaint if you believe your privacy rights have been violated. To do so, please contact the clinic's front desk or Dr. Wen. 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. The office will furnish you with the address upon request.
- To obtain more information, or have your questions about your rights answered, please contact the clinic's front desk or Dr. Wen.

## **PRACTICE'S REQUIREMENTS**

The health care office:

- Is required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices upon request.
- Is required to abide by the terms of this Notice of Privacy Practices.
- 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.
- Will not retaliate against you for making a complaint.
- Must make a good faith effort to obtain from you an Acknowledgment of receipt of this Notice.
- Will post this Notice of Privacy Practices in its lobby and on the clinic's web site.
- Will inform you in a timely manner, if there is a case of a breach of unsecured health information.