

Capitol Chiropractic Health Center
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Our practice is dedicated, and is required by applicable federal and state laws, to maintain the privacy of your protected health information (“PHI”). These laws also require the Practice to provide you with this Notice of our privacy practices, and to inform you of your rights, and our obligations, concerning your PHI. The Practice is required to follow the privacy practices described below while this Notice is in effect. This Notice is effective as of April 14, 2003, and will remain in effect until we replace it.

CHANGES TO NOTICE:

The Practice reserves the right to change this Notice and the privacy practices described below at any time in accordance with applicable law. Prior to making significant changes to our privacy practices, the Practice will alter this Notice to reflect the changes, and make the revised Notice available to you on request. Any changes the Practice makes to our privacy practices and/or this Notice may be applicable to health information created or received by us prior to the date of the changes.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact the Practice’s Privacy Officer using the information listed at the end of this Notice.

**PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION:
(CONSENT)**

A. The Practice may use and/or disclose your health information provided it first obtains valid Consent signed by you. The Consent will allow the Practice to use and/or disclose your PHI for the purposes of:

1. Treatment: In order to provide you with the health care you require, the Practice will provide your PHI to those health care professionals, whether on the Practice’s staff or not, directly involved in your care so that they may understand your health condition and needs. For example, a physician treating you for lower back pain may need to know the results of your latest physician examination by this office.
2. Payment: In order to receive payment for services provided to you, the Practice will provide your PHI to appropriate third party payers, pursuant to their billing and payment requirements. For example, the Practice may need to provide your insurance company with information about health care services that you received from the Practice so that the Practice can be properly reimbursed. The Practice may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.
3. Healthcare Operations: In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to continue to provide quality and efficient care, it may be necessary for the Practice to compile, use and/or disclose your PHI. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and other business operations. For example, the Practice may use your health information to evaluate the performance of the Practice’s personnel in providing care to you.

(NO CONSENT REQUIRED)

B. The Practice may use and/or disclose your PHI, without a written Consent from you, in the following instances:

1. De-identified Information: Information that does not identify you and, even without your name, cannot be used to identify you.
2. Business Associate: To a business associate if the Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists the Practice in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.
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. Emergency Situations:

- a. For the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your Consent as soon as possible; or
- b. To a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.

5. Communication Barriers: If, due to substantial communication barriers or inability to communicate, the Practice has been unable to obtain your Consent and the Practice determines, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.

6. Public Health Activities: Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

7. Communicable Diseases: We may disclose protected health information, 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 a disease or condition.

8. Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

9. Abuse, Neglect or Domestic Violence: To a government authority if the Practice is required by law to make such disclosure. If the Practice is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.

10. Health Oversight Activities: Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.

11. Judicial and Administrative Proceeding: For example, the Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

12. Law Enforcement Purposes: In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, the Practice may disclose your PHI if the Practice believes that your death was the result of criminal conduct.

13. Coroner or Medical Examiner: The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

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

15. Research: If the Practice 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.

16. Avert a Threat to Health or Safety: The Practice 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.

17. Specialized Government Functions: This refers to disclosures of PHI that primarily relate to military and veteran activity.

18. Worker's Compensation: If you are involved in a Workers' Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Worker's Compensation system.

19. National Security and Intelligence Activities: The Practice may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.

20. Military and Veterans: If you are a member of the armed forces, the Practice may disclose your PHI as required by the military command authorities.

21. Risk Adjustment Activities under the Affordable Care act (ACA): The Practice may disclose your PHI to an Insurance company, health plan or their designated Business Associates, in response to the insurance company's or health plan's request for medical records to assess and report risk scores to the Department of Health and Human Services.

22. Required uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human and Human Services to investigate or determining our compliance with the requirements of Section 164.500 et.seq

C. **AUTHORIZATIONS**: You may specifically authorize the Practice to use your PHI for any purpose or to disclose your PHI to anyone, by submitting such an authorization in writing. Upon receiving an authorization from you in writing the Practice may use or disclose your PHI in accordance with that authorization. You may revoke an authorization at any time by notifying the Practice's Privacy Officer in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give the Practice a written authorization, the Practice cannot use or disclose your PHI for any reason except those permitted by this Notice.

D. **DISCLOSURES TO FAMILY, FRIENDS AND PERSONAL REPRESENTATIVES**: The Practice may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Practice may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

1. If you are present at or prior to the use or disclosure of your PHI, the Practice may use or disclose your PHI if you agree, or if the Practice can reasonably infer from the circumstances, based on the exercise of its professional judgment that you do not object to the use or disclosure.

2. If you are not present, the Practice will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

E. **MARKETING**: The Practice will not use your PHI for marketing communications without your written authorization.

F. **APPOINTMENT REMINDERS**: The Practice may use or disclose your PHI to provide you with appointment reminders. The following appointment reminders may be used by the Practice:

1. A postcard mailed to you at the address provided by you.

2. Telephoning your home, work, or cellular phone and leaving a message on your answering machine or with the individual answering the phone.

3. E-mail sent to you at the E-mail address provided by you.

Text Message and E-mail correspondence

The office may use text messages or e-mail messages for the purposes of confirming upcoming appointments and/or general screening questions prior to appointments. Standard message and data rates may apply depending on your specific phone carrier and plan. Patients have the ability to opt out of text and e-mail communication by providing a signed and dated written notice presented to the office. Please be aware, with all electronic communication, there is a possibility of information being received by unintended recipients. The office takes reasonable precautions to prevent this from occurring. As a result, all correspondence via these communication methods will contain minimum information necessary. Other health information may be transmitted between the office and a patient via e-mail

G. **BIRTHDAY CARDS**: The Practice may use or disclose your PHI to send a postcard to you, at the address provided by you, to acknowledge your birthday.

H. **SIGN-IN LOG**: The Practice maintains a sign-in log for individuals seeking care and treatment in the office. The sign-in log is located in a position where staff can readily see who is seeking care in the office. This information may be seen by, and is accessible to, others who are seeking care or services in our office.

I. REFERRAL LETTERS: The practice may disclose your PHI (name) when sending referral letters to thank the patient that referred you.

J. ADDITIONAL ACTIVITIES: The Practice may use or disclose your PHI to contact you for any of the following activities: describing or recommending treatment alternatives, providing information about health-related benefits and services that may be of interest to you, or soliciting funds to benefit the Practice.

PATIENT RIGHTS:

A. REVOCATION: Upon written request to the Practice's Privacy Officer, you have the right to revoke any Consent or Authorization at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.

B. RESTRICTIONS OF PHI USES AND/OR DISCLOSURES: Upon written request to the Practice's Privacy Officer, you have the right to request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Practice is not obligated to agree to any requested restrictions. In your request you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.

1. The provider now must agree to an individual's request to restrict the disclosure of protected health information if:

- a. The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and
- b. The disclosure information pertains to care for which the individual has paid out of pocket. In other words a patient who prefers not to disclose a particular condition to his or her health plan now has the right not only to ask, but to direct you, not to submit information or a claim to the plan if the patient or another person pays your fee in full, and the other conditions are met. (Note that the "unless otherwise required by law" provision still allows health care providers to disclose PHI to health plans when directed by court orders and subpoenas. Similarly, the new rule does not affect disclosure of information to entities other than health plans. Thus, providers are still permitted to disclose PHI in response to subpoenas in judicial, administrative and law enforcement proceedings, including PHI that the patient has directed not to disclose to a health plan.)

C. ACCESS TO RECORDS: Upon submission of a written request to the Practice's Privacy Officer, you have the right to review or receive copies of your PHI, with limited exceptions. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may request that we provide copies in a format other than photocopies and we will use the format you request if it is readily available. The Practice will charge you a reasonable cost-based fee relating to the production of such copies. . If you request an alternative format, we will charge a reasonable cost-based fee for providing your PHI in that format. If you prefer, the Practice will prepare a summary or an explanation of your PHI for a fee. Contact the Practice's Privacy Officer using the information listed at the end of this Notice if you are interested in receiving a summary of your information instead of copies. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.

D. ACCOUNTING OF CERTAIN DISCLOSURES. You have the right to receive an accounting of the disclosures of your PHI, as provided by law, by the Practice or our business associates. The accounting includes PHI disclosures for the purposes, other than treatment, payment, healthcare operations and other activities authorized by you. The request should indicate in what form you want the list (such as a paper or electronic copy) To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. If you request this accounting more than once in a 12-month period, the Practice may charge you a reasonable, cost-based fee for responding to these additional requests. The practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

E. RESTRICTIONS AND ALTERNATIVE COMMUNICATIONS: You have the right to request that the Practice place additional restrictions on our use or disclosure of your PHI for treatment, payment and healthcare operations purposes. Depending on the circumstances of your request the Practice may, or may not agree to those restrictions. If the Practice does agree to your requested restrictions it must abide by those restrictions, except in emergency treatment scenarios. You have the right to request that the Practice communicate with you about your PHI by alternative means or to alternative locations (e.g., at your place of business rather than at your home). Such requests must be made in writing to the Practice's Privacy Officer, must specify the alternative means or location, and must provide satisfactory explanation how payments will be handled under the alternative means or location you request.

F. INSPECT AND COPY YOUR PHI AS PROVIDED BY LAW. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. The practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.

G. AMENDMENTS TO RECORDS: You have the right to request that the Practice amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your

request. The Practice 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 Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, 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 Practice's denial, you will have the right to submit a written statement of disagreement.

PRACTICE REQUIREMENTS

1. The Practice:
 - a. Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI
 - b. Is required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information that is provided for under federal law. In particular, the Practice is required to comply with the State statutes.
 - c. Is required to abide by the terms of this Privacy Notice
 - d. Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains
 - e. Will distribute any revised Privacy Notice to you prior to implementation.
 - f. Following a breach of unsecured private health information, is required to provide notifications to affected individuals, the Secretary of the U.S. Department of Health and Human Services and in certain circumstance to the media. In addition, our business associates must notify our office if a breach occurs at or by the business associate.

QUESTIONS AND COMPLAINTS

To obtain more information about the Practice's privacy practices or if you have questions or concerns about your privacy rights, please contact the Practice's Privacy Officer.

If you are concerned that the Practice may have violated your privacy rights, or you disagree with a decision the Practice made or any decisions it may make regarding the use, disclosure, or access to your PHI, you may complain to the Privacy Officer using the contact information listed below. You also may submit a written complaint to the Secretary of Health and Human Services.

The Practice supports your right to the privacy of your health information. The Practice will not retaliate in any way if you choose to file a complaint with the Privacy Officer or with the Secretary of Health and Human Services.

To file a complaints with the Secretary of Health and Human Services, if you believe your privacy rights have been violated go to: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcompliantform.pdf>.

Please direct any of your questions or complaints to:

Contact: Dr. Kevin W. Imhoff
Telephone: (217) 391-5446 Fax: (217) 585-6720
Address: 3631 South Sixth Street Suite B
Springfield, IL 62703

