

### HIPAA 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 Compliance Officer is Merrie Akita who can be contacted at 541-296-1900 for more information.**

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it. We may use or disclose your Private Health Information (PHI) for purposes related to your care, payment for your care, and health care operations of the practice. We may use your PHI in the following situations:

**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 treatment.

**Payment** – The practice may provide your PHI to appropriate third party payers, like insurance companies, billing services and collection agencies according to their billing and payment requirements.

**Clinic Operations** – We may use your PHI to evaluate the performance of the practice's personnel in providing care to you.

#### **WRITTEN AUTHORIZATION FROM YOU IS REQUIRED FOR THE FOLLOWING:**

- **Health Records Requests** - to other health care facilities for the release of your health records.
- **Marketing** - we will obtain prior authorization before disclosing PHI in connection with marketing activities.
- **Sales** - we will obtain prior authorization before disclosing PHI when we are paid for participation in research activities.
- **Restricted Health Information** - Certain information such as psychotherapy notes, HIV status, substance abuse, mental health, and genetic testing require separate written authorization use or disclosure.

#### **WRITTEN AUTHORIZATION FROM YOU IS NOT REQUIRED IN THE FOLLOWING CASES:**

1. When your PHI is altered so that it does not identify you by name and cannot be used to identify you. For example, to research programs. Individuals have the option to 'opt out' of certain types of research activities.
2. To a business associate to provide a service necessary for your treatment, payment for your treatment or health care operations. We will obtain satisfactory written assurance that the business associate and their subcontractors will appropriately safeguard your PHI.
3. To a person who has the authority to represent you in making decisions related to your health care.
4. To a public health authority to prevent or control disease, injury or disability.
5. To the Federal Drug Administration to report adverse events or product defects.
6. To a government authority to prevent serious harm or if the practice 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. To 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. Unless you object, we 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. To a 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.
10. To a law enforcement official for investigation of a crime or complying with a court order.
11. 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. If you are an organ donor, the practice may disclose your PHI to the entity to whom you have agreed to donate your organs.
13. To prevent 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. For persons 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 practice 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.
16. To a correctional institution or a law enforcement official to provide care and treatment to you.
17. To an individual or entity that is part of the Workers' Compensation system.
18. To a public or private entity authorized to assist in disaster relief efforts.

**CLINIC REQUIREMENTS**

We may contact you to provide appointment reminders or information about your account in the form of a phone call, email, text message or letter. We will try to minimize the amount of information contained in the reminder. A message may be left on your phone answering machine. Our office is required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices. We must abide by the terms of this Notice of Privacy Practices. We reserve 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. We will Post this Notice of Privacy Practices in our lobby and on our web site. We are required to inform you in a timely manner if there is a case of a breach of unsecured health information. You have a right to complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing to our Compliance Officer, Merrie Akita at 541-296-1900.

**We will not retaliate against you for making a complaint.**

**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 our Compliance Officer. Marketing revocations may be submitted to the practice via telephone or email.
- Request restrictions on certain use or disclosure of your PHI. However, the practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Compliance Officer. In your written request, you must inform the practice of what information you want to limit, whether you want to limit the practice’s use or disclosure 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.
- Restrict disclosures to your health plan when you have paid out-of-pocket in full for health care 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 Compliance Officer. The practice will accommodate all reasonable requests.
- Inspect and copy your PHI as provided by law. You must submit a written request to the Compliance Officer. 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. The practice may charge you a fee for the cost of copying, mailing or other supplies associated with your request.
- Amend your PHI as provided by law. You must submit a written request to the Compliance 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 originating 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 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 Compliance Officer. 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 practice may charge you for the cost of providing additional lists in that same 12 month period.

**You have the right to be notified by our office of any breach of privacy of your Protected Health Information.**

**To file a complaint with the practice, please contact our Compliance Officer, Merrie Akita, in writing. For more information, please call Merrie Akita at 296-1900. If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf> or our office can provide you with a written form in which to file your complaint. We will not retaliate against you for filing a complaint.**

**ACKNOWLEDGEMENT OF RECEIPT OF HIPAA PRIVACY POLICY**

**We are obligated by law to give you notice of our privacy practices.**

***By signing this privacy notice, I acknowledge that I have read and understand the policy and have received a copy of this policy.***

**Patient Name Printed \_\_\_\_\_ Date of Birth \_\_\_\_\_**

**Patient Signature \_\_\_\_\_ Date \_\_\_\_\_**

**If you do not want to receive a copy of this policy, please sign below:**

**I acknowledge that I have refused a paper copy of this policy \_\_\_\_\_**

AKITA CHIROPRACTIC CLINIC, LLC BYRON AKITA, D.C.

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541-296-1900 / Fax 541-298-7340

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