

HIPAA Notice

TRINITY CHIROPRACTIC

3300 N Rock Road Suite A2

Wichita, KS 67226

This Notice is effective January 1, 2016. (Revision: January 1, 2019)

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

WE ARE REQUIRED BY LAW TO PROTECT YOUR MEDICAL INFORMATION.

This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are required by law to notify you following a breach of unsecured protected health information. We are legally required to follow the terms of this Notice. We are only allowed to use and disclose medical information in the manner that we have described in this Notice. We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at this Clinic's phone number to obtain a copy of the current Notice).

The rest of this Notice will:

- Discuss how we may use and disclose your medical information.
- Explain your rights with respect to your medical information.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at this Clinic's phone number.

WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about patients every day. This section of our Notice explains how we may use and disclose your medical information in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section explains different circumstances in which we may use or disclose your medical information.

1. **Treatment**

We may use and disclose your medical information to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.

2. **Payment**

We may use and disclose your medical information to obtain payment for health care services that you received. This means that, within the chiropractic clinic, we may use your medical information to arrange for payment (such as preparing bills and managing accounts). We also may disclose your medical information to others such as insurers, collection agencies, and consumer reporting agencies. In some instances, we may disclose your medical information to an insurance plan before you receive certain health care services to determine insurance benefits.

3. **Healthcare Operations**

We may use and disclose your medical information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care to operate and manage our office. These operations allow us to improve the quality of care we provide and reduce health care costs.

4. **Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services.**

We may use and disclose your medical information to contact you to provide you with appointment reminders or information about treatment alternatives or other Health-Related benefits and services that may be of interest to you. The following appointment reminders may be used by the Practice:

- a) Postcards mailed to you at the address provided by you
- b) Emails sent to the email address provided by you
- c) Calling your home or cell phone and leaving a voicemail or speaking with the individual that answered your phone.

5. **Persons Involved in Your Care**

We may disclose your medical information to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care. We will limit the disclosure to the information relevant to that person's involvement in your healthcare

or payment. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in certain circumstances. You

may ask us at any time not to disclose your medical information. We will agree to your request and not disclose the information except in certain circumstances such as emergencies or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

6. **Required by Law**

We will use and disclose your medical information whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

7. **National Priority Uses and Disclosures**

When permitted by law, we may use or disclose your medical information without your permission for various activities that are recognized as national priorities. The government has determined that under certain circumstances, it is acceptable to disclose medical information without the individual's permission. We will only disclose your medical information in the following circumstances when we are permitted to do so by law. Below are descriptions of the national priority activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at this Clinic's phone number.

- **Threat to health or safety:** We may use or disclose your medical information if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Business Associates:** We may disclose your medical information to our business associates that perform functions on our behalf or to provide us with services if the information is necessary for such functions or services. A business associate is an entity that assists the Practice such as a billing company that assists the office in submitting claims for repayment to insurance companies.
- **Public health activities:** We may use or disclose your medical information for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries.
- **Abuse, neglect or domestic violence:** We may disclose your medical information to a government authority, such as the Department of Social Services, if you are an adult and we believe you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose your medical information to a health oversight agency responsible for overseeing the health care system or certain government programs.
- **Court proceedings:** We may disclose your medical information to a court or an officer of the court, such as an attorney.
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- **Law enforcement:** We may disclose your medical information to a law enforcement official for specific law enforcement purposes.
- **Coroners, Medical Examiners, and others:** We may disclose your medical information to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose your medical information as required by military command authorities.
- **Workers' compensation:** We may disclose your medical information in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose your medical information to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose your medical information for certain government functions, including but not limited to, military and veterans' activities and national security and intelligence activities. We may also use or disclose your medical information to a correctional institution in some circumstances.

8. Authorizations

Other than the uses and disclosures described above, we will not use or disclose your medical information without the authorization of you or your personal representative. In some instances, we may wish to use or disclose your medical information and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. For example, the chiropractic clinic will obtain your written consent if it wishes to use your protected health information to contact you with educational and promotional items in the future via email, U.S. Mail, telephone, fax and/or prerecorded messages.

By federal law, we must obtain authorization by you (1) to use or disclose most psychotherapy notes, (2) for most marketing and (3) for fundraising purposes, or if we seek to sell your medical information. If you sign a written authorization allowing us to disclose your medical information, you may later revoke your authorization in writing except in certain circumstances related to obtaining insurance coverage. If you would like to revoke your authorization, you may write us a letter revoking your authorization. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

YOU HAVE RIGHTS WITH RESPECT TO YOUR MEDICAL INFORMATION

If you would like to know more about your rights, please contact our Privacy Officer.

1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.

2. Right of Access to Inspect and Copy

You have the right to inspect and receive a copy of your medical information that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of your medical information, you must provide us with a request in writing.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

3. Right to Have Medical Information Amended

You have the right to have us amend your medical information that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or contact our Privacy Officer.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of your medical information for treatment, payment, and health care operations. We are not required to agree with your request for a restriction on the use and disclosure of your medical information. However, under federal law, we must agree to your request and comply with your requested restriction(s) if, as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment or health care operations and, the medical information pertains solely to a health care item, or service for which the health care provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

6. Right to Request Confidential Communication or an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. We will not ask for any explanation.

We will agree to any reasonable request for confidential communications or alternative methods of contact. If you would like to request a confidential communication or an alternative method of contact, you must provide us with a request in writing

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may write a complaint with us or with the federal government.

If you are concerned we may have violated your privacy rights, or you disagree with a decision made or any decisions we may make regarding the use, disclosure, or access to your health information you may make a formal complaint in writing to the Compliance Office and/or the Privacy Officer at the facility. You also may submit a written complaint to the U.S. Department of Health and Human Services in Washington D.C. All complaints must be made in writing and in no way will affect the quality of care you receive at the healthcare facilities.

Paper Copy of this Notice

You have the right to a paper copy of this Notice. You may ask for a copy of this Notice at any time. Even if you receive this Notice electronically, you are still entitled to a paper copy.

To obtain more information about your privacy rights or if you have questions you want answered about your privacy rights, you may contact the Practice's Privacy Officer as follows:

TRINITY CHIROPRACTIC

Dr. Armando R. Babcock, D.C.

3300 N Rock Road Suite A2

Wichita, KS 67226

316-612-0600