

SHUBERT CHIROPRACTIC CLINIC

PRIVACY NOTICE

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

This Practice is committed to maintaining the privacy of your Protected Health information (“PHI”), which includes information about your health condition and the care and treatment you receive from the Practice. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

USE AND DISCLOSURE OF INFORMATION

- 1) The Practice may use and/or disclose your PHI for the purposes of:
 - a) **Treatment-** In order to provide you with the health care you require, the Practice will provide you 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 by this office may need to know the results of your latest physician examination.
 - b) **Payment-** In order to get paid for services provided to you, the Practice will provide you PHI directly or through a billing service to appropriate third-party payers, pursuant to their billing and payment requirements. For example, the Practice may need to provide the Medicare program 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 you insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.
 - c) **Health Care Operations-** In order for the Practice to operate in accordance with applicable law and insurance requirements 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. For example the Practice may use your PHI in order to evaluate the performance of the Practice’s personnel in providing care to you.
- 2) The Practice may also use and/or disclose your PHI in the following instances:
 - a) **De-identified Information-** Information that does not identify you and even without your name, cannot be used to identify you.
 - b) **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 billing company that assists the office in submitting claims for payment to insurance companies or other payers.
 - c) **Personal Representative-** To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
 - d) **Emergency Situations:**
 - a. For the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your acknowledgement of our Privacy Notice 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.
 - e) **Communication Barriers-** If, due to substantial communication barriers or inability to communicate, the Practice has been unable to obtain your acknowledgement of our Privacy Notice and the Practice determines, in the exercise of its professional judgment, that your consent to receive treatment is clearly inferred from the circumstances.
 - f) **Public Health Activities-** Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease.
 - g) **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.
 - h) **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.
 - i) **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.
 - j) **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 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.
 - k) **Coroner or Medical Examiner-** The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identify you or determining you cause of death.

3) **APPOINTMENT REMINDER**- The Practice may, from time to time, contact you to provide 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 are used by the Practice: 2) a postcard mailed to you at the address provided by you; b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone.

4) **TRAVEL CARD / SIGN-IN LOG**- The Practice maintains a travel card/sign-in log at its reception desk for individuals seeking care and treatment in the office. The travel card/sign-in log is located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within the Practice's office suite. This information may be seen by, and is accessible to, others who are seeking care or services in the Practice's offices.

5) **FAMILY / FRIENDS**- 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 a 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:

a) 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.

b) 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.

6) **AUTHORIZATION**- Uses and/or disclosures, other than those described above, will be made only with your written Authorization.

7) **YOUR RIGHTS**- You have the right to:

a) Revoke and Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.

b) 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. To request restrictions, you must submit a written request to the Practice's Privacy 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, 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.

c) Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.

d) 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.

e) 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.

f) Receive an accounting of disclosures of your PHI as provided by law. 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 (6) years and may not include dates before 29 Nov, 2004. The request should indicate in what form you want the list (such as paper or electronic copy). The first list you request within a twelve (12) month period will be free, but the Practice may charge you for the cost of providing additional lists. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

g) Receive a paper copy of this Privacy Notice from the Practice upon request to the Practice's Privacy Officer.

h) Complain to the Practice or to the Secretary of HHS if you believe your privacy rights have been violated. To file a complaint with the Practice, you must contact the Practice's Privacy Officer. All complaints must be in writing

i) To obtain more information on, or have your questions about your rights answered, you may contact the Practice's Privacy Officer, Dr. Melody Shubert at 3101 N. Rock Rd, Suite 100, Wichita, KS 67226 or call (316) 636-4444