

NOTICE OF PRIVACY PRACTICES AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Alluvium Chiropractic Center

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are required by law to provide you with this notice of our legal duties and the privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI.
- Your privacy rights in your PHI.
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend the Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. PLEASE ADDRESS ALL QUESTIONS ABOUT THIS NOTICE OF PRIVACY TO OUR PRIVACY OFFICER AT THE ADDRESS LISTED AT THE END OF THIS NOTICE.

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS. The following categories describe the different ways in which we may use and disclose your PHI.

1. **Treatment.** The information in your medical records will be used to determine which treatment option best addresses your health needs. The treatment selected will be documented in your medical records so that other health care professionals can make informed decisions about your care. Many of the people who work for our practice—including but not limited to our doctors and staff—may use or disclose your PHI in order to treat you or assist others in your treatment, such as massage therapist, acupuncturist or other holistic provider. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as PIP attorney or family member. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose this information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or conduct cost management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appointments and Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment or as a follow up on treatment. As an example, we may send appointment reminder and recall cards to remind you of an upcoming office visit via mail, phone, or e-mail.
5. **Non-Medical Communications.** Our practice may use your PHI to contact you for non-medical reasons. For example, we may send you a birthday card, a holiday greeting, or thank you for referrals via mail.
6. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives. **Open Areas-** There are areas within our practice that are open areas where conversations with you regarding your care may be overheard, or we may treat you in an open treatment area such as a physical therapy room. Every attempt will be made to minimize the exposure of your PHI and if requested we will relocate to a private area for our conversations.
7. **Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you. For example, we may send you newsletters that may include information about our practice, health related issues and products.
8. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter will have access to this child's medical information.
9. **Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - A. Maintaining vital records, such as births and deaths;
 - B. Reporting child abuse or neglect;
 - C. Preventing or controlling disease, injury, or disability;
 - D. Notifying a person regarding potential exposure to a communicable disease;
 - E. Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
 - F. Reporting reactions to drugs or problems with products or devices;
 - G. Notifying individuals if a product or device they may be using has been recalled;

- H. Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and
 - I. Notifying your employer under limited circumstances related primarily to workplace injury or medical surveillance.
 - 2. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include for example, investigations, inspections, audits, or other activities necessary for the government to monitor programs, compliance with civil rights laws, and health care systems in general.
 - 3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or proceedings.
 - 4. **Law Enforcement.** We may release certain PHI if asked to do so by a law enforcement official:
 - A. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
 - B. Concerning a death we believe has resulted from criminal conduct;
 - C. Regarding criminal conduct at our office
 - D. In response to a warrant, summons, court order, subpoena or similar legal process;
 - E. To identify/locate a suspect, material witness, fugitive or missing person; and
 - F. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
 - 5. **Deceased Patients.** For example we may release PHI to a medical examiner, coroner or funeral director in order for them to perform their jobs.
 - 6. **Organ and Tissue donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
 - 7. **Research.** Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may be comparing the health and recovery of all patients who received one medication to those who received another. All research projects, however, are subject to a special approval process, which evaluates a proposed research project and its use of health information, trying to balance the research needs.
 - 8. **Serious Threats to Health or Safety.** For example we may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and/or the health and safety of another individual or the public.
 - 9. **Military.** For example we may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authority.
 - 10. **National Security.** For example we may disclose your PHI to federal officials for intelligence and nation security authorized by law.
 - 11. **Inmates.** For example we may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
 - 12. **Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs.
- E. **YOUR RIGHTS REGARDING YOUR PHI**

You have all the following rights regarding the PHI that we maintain about you:

- 1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must submit a written request to our Privacy Officer specifying the requested method of contact. Our practice will accommodate reasonable requests.
- 2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI treatment, payment, or health care operations. Additionally you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer. Your request must describe in a clear and concise fashion:
 - A. The information you wish restricted;
 - B. Whether you are requesting to limit our practice's use, disclosure, or both; and
 - C. To whom you want the limits to apply.
- 3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records, billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Officer in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
- 4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, you may request an amendment for as long as your information is kept by our office. To request an amendment, you must make your request in writing to our Privacy Officer. You must provide a reason that supports your amendment. Our practice will deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by our practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- 5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-medical disclosures our practice has made of your PHI for non-treatment, non-payment, or non-operations purposes. Use of your PHI as part of the routine patient care practice is not required to be documented. For example, the doctor sharing your information with the nurse; or the billing department using your information to file an insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists with the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- 6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice any time.
- 7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our **Privacy Officer**. All complaints must be in writing. **You will not be penalized for filing a report.**
- 8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. You understand that we are able to take any uses and disclosures that we have already made on your authorization. Please note we are required to obtain records of your care.

Please contact our Privacy Officer in writing at the address: 1213 Haddonfield-Berlin Road
Voorhees, NJ 08043