# Hoops Chiropractic, PC Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to that information. Please review this notice carefully.

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 Hoops Chiropractic, PC. 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

Hoops Chiropractic, PC may use and/or disclose your PHI for the purpose of:

- <u>Treatment</u>-In order to provide you with the health care you require, Hoops Chiropractic,PC will provide your PHI to those health care professionals, whether on the Practice's staff or not, directly involved in your case 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.
- Payment- In order to get paid for services provided to you, the Practice will provide your PHI, directly or through
  a billing service to appropriate third party payors, 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
  your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover
  the treatment expense.
- <u>Health Care Operations</u>-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 andfor 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.

Hoops Chiropractic, PC may also use and/or disclose your PHI in the following instances:

- <u>De-identified infonnation</u>-Information that does not identify you and, even without your name, cannot be used to identify you.
- <u>Business Associate</u>-To a business associate if the Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard you 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 payors.
- <u>Personal Representative</u>-To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- Emergency Situations- For the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your acknowledgment of our Privacy Notice as soon as possible; or 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.
- <u>Communication Barriers</u>- If, due to substantial communication barriers or inability to communicate, Hoops Chiropractic, PC has been unable to obtain your acknowledgment of our Privacy Notice and the Practice determines, in the exercise of its professional judgement, that your consent to receive treatment is clearly inferred from the circumstances.

Effective Date-This notice is in effect as of Septemer 20, 2013 in compliance with the Omnibus Rule.

- <u>Public Health Activities</u>-Such activities include, for example, information collected by a public health authority, as authorized by law to prevent or control disease.
- <u>Abuse, Neglect, or Domestic Violence</u>-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.
- <u>Health Oversight Activities</u>-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.
- <u>Judicial and Administrative Proceeding</u>-For example, Hoops Chiropractic. PC may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
- <u>Law Enforcement Purposes</u>-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
- <u>Coroner or Medical Examiner</u>- The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.
- Organ, Eye, or Tissue Donation-If you are an organ donor, Hoops Chiropractic, PC may disclose your PHI to the entity to whom you have agreed to donate your organs.
- <u>Research</u>-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. New standards will be
  reviewed before each research activity.
- Avert a Threat to Health or Society-Hoops Chiropractic, PC 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.
- <u>Specialized Government Functions</u>-This refers to disclemures of PHI that relate primarily to military and veteran activity.
- Worker's Compensation-If you are involved in a Worker's 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.
- <u>National Security and Intelligence Activities</u>-The Practice may disclose your PHI toprovide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.
- <u>Military and Veterans</u>-If you are a member of the armed forces, the Practice may disclose your PHI as required by the military command authorities.
- <u>Deceased Persons</u>- A provider may make relevant disclosures to the deceased's family and friends under essentially the same circumstances that such disclosures were permitted when the patient was alive; that is, when these individuals were involved in providing care or payment for care and the provider is unaware of any expressed preference to the contrary. The HIPAA Omnibus Rule also eliminates any HIPAA protection for PHI 50 years after a patient's death.
- <u>Sale of PHI</u>: Hoops Chiropractic, PC must obtain authorization if it receives direct or indirect remuneration (including nonfinancial) in exchange for the disclosure of or access to PHI. The authorization must state the provider is receiving remuneration in exchange for the PHI. There are several exceptions that apply (e.g., public health activities, treatment, and payment).
- <u>Fundraising</u>- Hoops Chiropractic, PC now may disclose more information to institutionally-related foundations for fundraising, but they must explain how the recipient may opt out of receiving future fundraising

communications. If an individual opts-out, the provider must not make any further communications to the individual.

• Marketing- Hoops Chiropractic, PC must obtain written authorization to use and disclose PHI for marketing purposes, including most non-face-to-face communications when the provider receives payment to make the communication. If payment is involved, the marketing authorization must disclose the fact. However, a Hoops Chiropractic, PC may inform a patient about a third party's product or service without the patient's written authorization when the provider receives no compensation for the communication; the communication is face-to-face; the communication involves a drug or biologic the patient is currently being prescribed and the payment is limited to reasonable reimbursement of the costs of the communication; and the communication involves general health promotion. A provider is also still permitted to give patients promotional gifts of nominal value (e.g., pamphlet).

## **Appointment Reminder**

Hoops Chiropractic, PC 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: a) a postcard mailed to you at the address provided by you; and b) telephoning you home and leaving a message on your answering machine or with the individual answering the phone.

## **Facsimile Transmissions**

The Practice may from time to time transmit information about you to insurers, other health care professionals and providers, and appropriate governmental agencies using facsimile transmission.

# **Family and Friends**

Hoops Chiropractic. PC 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 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 all cases, the following conditions will apply:

- (a) If you are present at or prior to the use of 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 is professional judgement, that you do not object to the use or disclosure.
- (b) If you are not present, the Practice will, in the exercise of professional judgement,

determine whether the 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.

#### Authorization

- I. You have the right to:
- Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
- Request a digital copy of certain electronic PHI or directs a provider in writing to transmit a copy to another person, the provider generally must produce the information in the format requested if readily producible within 30 days or negotiate an alternative format. Further, if an individual requests that a copy of his or her PHI be sent via unencrypted email, then a provider is permitted to do so, as long as the covered entity has advised the individual of the risks and the individual still prefers the unencrypted email.

- 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. Hoops Chiropractic, PC must comply with an individual's request for restrictions on disclosures made to health plans for payment or health care operations purposes if the PHI pertains to an item or service for which the individual paid completely out-of-pocket.
- Receive confidential communications or PHI by alternative means or at alternative means or locations. You must make your request in writing to the Practice's Privacy officer. The Practice will accommodate all reasonable requests.
- Hoops Chiropractic, PC 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.
- 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, andfor 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.
- 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 years and may not include dates before September 19, 2007. The first list you request within a twelve
  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.
- Receive a paper copy of this Privacy Notice from the Practice upon request to the Practice's Privacy Officer.
- Complain to the Practice ifyou 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.
- To obtain more information on, or have your questions about your rights answered, you may contact the Practice's Privacy Officer, Dr. Carissa Hoops, at 402-228-8877.

## **Practice Requirements**

## The Practice:

- 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.
- 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 following Nebraska State statutes:
  - Abide by the terms of this Privacy Notice.
  - Reserves the right to change the terms of this Privac}r Notice and to make the new Privacy Notice provisions effective for all your PHI
  - Distribute any revised Privacy Notice to you prior to implementation.
  - · Not retaliate against you for filing a complaint

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