

**Integrative Health
and
Lewiston Family Chiropractic**
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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.

As a patient of our clinic, you are entitled to receive notice about our privacy practices and how we may use and disclose your personal health information in different circumstances. This Notice explains how we use and disclose your personal information, the choices and rights you have about how your personal health information may be used and disclosed, and our obligations to protect the privacy of your personal health information.

Introduction. When you become a patient of our clinic, you provide us with information about your health. Each time you visit us, another record of your visit and what was done is made. Your health record is the information that we use to plan your care, provide treatment and receive payments for our services. It is important for you to understand that your health record contains personal health information that is protected by federal and state laws.

Our Duties. Our clinic is required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to comply with the terms of this Notice which is currently in effect, but we reserve the right to change our privacy practices and to make such changes apply to all the protected health information we maintain. In the event that our Notice changes, we will provide you with the revised Notice the first time you visit us after the change or otherwise upon your request.

How We Use And Disclose Your Protected Health Information:

Uses and Disclosures for treatment, payment and health care operations. After we make a good faith effort to provide you with this Notice, we may use your personal health information to treat you, to obtain payment for treating you, and for our internal healthcare operations. We may use and disclose your personal health information for such purposes in the following ways:

1. *Treatment.* We will use and disclose your personal health information to plan, provide and coordinate your health care services. For example, when other health care providers request health documentation in order to determine treatments, tests or other services required to provide health care to an individual.

2. *Payment.* We will use and disclose your personal health information to obtain payment for health care services we have provided to you. For example, when billing insurance companies

health documentation is required such as the patient's name, the date of service, and the diagnosis code.

3. *Health Care Operations.* We may use or disclose your protected health information for our health care operations. For example, we may disclose your personal health information to Medicare to provide documentation of the medical necessity of the office visit.

Uses and Disclosures of your personal health information with your authorization. For purposes other than treating you, obtaining payment for your care, or our own health care operations, we will obtain your written authorization prior to using or disclosing your personal health information (unless we are required or permitted by law to use or disclose your information as set out below). You have the right to revoke any authorization you have give us at any time. If you have any questions about written authorizations, please contact our Privacy Officer at the address or telephone number below. Our Privacy Officer will provide you with information about giving or revoking your authorization for us to use or disclose your personal health information.

Uses and Disclosures we may make unless you object or express restrictions. Unless you object, we may contact you to provide appointment reminders or information about treatments or treatment alternatives or other health-related benefits and services that may be of interest to you. Before we send you any marketing materials, we will obtain your written authorization. We may also use or disclose your personal health information to notify a family member, close friend or another person responsible for your care, provided that you have the opportunity to agree or object. If you are unable to agree or object, we may disclose this information as necessary if we determine that it is in your best interests based upon our professional judgment.

Uses and Disclosures we are permitted or required to make without your authorization. We may use and disclose your personal health information without obtaining your written authorization, in the following situations:

1. *Business Associates.* There are some services that we provide through contracts with our business associates who work on our behalf. In such situations, we may disclose your personal health information to our business associates so that they can perform the jobs we asked them to do. We require all business associates to also safeguard your information in accordance with applicable law.

2. *Uses and Disclosures Required by Law.* We may use or disclose your personal health information to the extent that we are required by law to do so. The use or disclosure will be made in full compliance with the applicable law governing the disclosure.

3. *Public Health Activities.* We may use or disclose your personal health information for public health activities and purposes in compliance with applicable laws for the purpose of controlling disease, injury or disability. We may also disclose your health information to a public authority authorized to receive reports of child abuse or neglect, to report information about products or services under the jurisdiction of the U.S. Food and Drug Administration, or to alert authorities of persons who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or condition, and to your employer for certain work-related illness or injuries.

4. *Victims of Abuse, Neglect or Domestic Violence.* We may disclose personal health information about an individual who we reasonably believe to be a victim of abuse, neglect, exploitation or domestic violence to a government authority, including a social service or protective service agency authorized by law to receive reports of child abuse, neglect, exploitation or domestic violence. Any such disclosures will be made in accordance with and limited to the requirements of law.

5. *Health Oversight Activities.* We may make disclosures of your personal health information to a health oversight agency charged with overseeing the health care system. Disclosures will be made only for activities authorized by law.

6. *Judicial and Administrative Proceedings.* We may make disclosures of your personal health information in the course of any judicial or administrative hearing in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request or other lawful process where we receive satisfactory assurance that you have been notified of the request and have been given time to object and other appropriate precautions have been taken. In all cases, we will take reasonable steps to protect the confidentiality of your health information.

7. *Law Enforcement.* We may disclose your personal health information for a law enforcement purpose to law enforcement officials in compliance with and as limited by applicable law.

8. *Coroners, Medical Examiners and Funeral Directors.* We may disclose personal health information to a coroner or medical examiner to identify a deceased person, determine a cause of death or for other duties as authorized by law. We may also disclose personal health information to funeral directors in accordance with applicable law.

9. *Organ Donation.* As allowed by law, we may disclose personal health information to organ procurement, organizations for organ, eye or tissue donation purposes.

10. *Research.* We may use or disclose your personal health information without your authorization for research purposes when such research has been approved by an institutional review board that has reviewed the research to ensure the privacy of your personal health information, or as otherwise allowed by law.

11. *Limited Government Functions.* We may disclose your personal health information to certain government agencies charged with special government functions, as limited by applicable law. For example, we may disclose your health information to authorized federal officials for the conduct of national security activities, as required by law.

12. *Health and Safety.* We may disclose your personal health information to prevent or lessen a serious threat to any person's or the public's health or safety. In all cases, disclosures will only be made in accordance with applicable law.

13. *Worker's Compensation.* We may disclose your personal health information to judicial or administrative proceeding in response to orders, subpoenas and other valid legal process.

Your Rights. You have the following rights with regard to your personal health information:

- Right to Receive a Copy of this Notice. Upon request, you have the right to receive a paper copy of this Notice. Please ask any receptionist for a copy.
- Right to Inspect and Copy Your Health Information. Upon written request, you have the right to access and obtain a copy of your health information maintained by us. Please contact our Privacy Officer for assistance in obtaining or copying your health information.
- Right to Amend Your Health Information. You have the right to request in writing that we amend your health information which we maintain. If you require an amendment to your health information we require a reason be given. We will comply with your request in the event that we determine the information that you are asking us to amend is false, inaccurate or misleading. Please contact our Privacy Officers for assistance in seeking an amendment to your health information.
- Right to Request Additional Restrictions on Uses and Disclosures of Your Health Information. You have the right to request in writing that we place additional restrictions on how we use or disclose your personal health information. While we will consider any request for additional restrictions, we are not required to agree to your request. Please contact our Privacy Officer to request additional restrictions on how we use and disclose your personal health information.
- Right to Request an Account of Disclosures. You have the right to request an accounting of the disclosures we make of your personal health information. For each disclosure, the accounting will include the date it was made, a brief description of the protected information disclosed, the name and address (if known) of the person or entity that received the disclosure, and a brief statement of the reasonable written request made by you or on your behalf. Please contact the Privacy Officer to request such confidentiality.
- Right to Receive Further Information. You have the right to receive further information about our privacy practices, your privacy rights, or if you disagree with a decision we make about your personal health information, or if you believe that your privacy rights have been violated. Our Privacy Officer will be happy to answer your questions and give you additional information on how to exercise your rights.
- Right to File a Complaint. If you believe your privacy rights have been violated, you have the right to file a formal complaint with Office of Civil Rights of the United States Department of Health and Human Services. Upon request, the Privacy Office will provide you with the address to file your complaint. Under no circumstances will we retaliate against you for filing a complaint.

If you have any questions about this document or our privacy policy, please contact Karen at our clinic at 208-799-3333. Thank You.