

THORNTON CHIROPRACTIC CLINIC

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NOTICE OF PRIVACY PRACTICES

Revised February 10, 2020

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

Thornton Chiropractic (TC) is committed to preserving the privacy and confidentiality of your health information, which is required both by federal and state law, as well as by ethics of the chiropractic profession. We are required by law to provide you with this notice of our legal duties, your rights, and our privacy practices, with respect to using and disclosing your protected health information (PHI) that is created or retained by TC. Each time you visit us for treatment, we make a record of your visit. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment and a plan for future care/treatment. We have an ethical and legal obligation to protect the privacy of your PHI, and we will only use or disclose this information in limited circumstances.

CHANGES TO NOTICE

We reserve the right to change our practices and to make new provisions effective for all your PHI we maintain. Should our information practices change, a revised *Notice of Privacy Practices (Notice)* will be available upon request. We will not use or disclose your PHI without your authorization, except as described in our most current *Notice*. In the following pages, we explain our privacy practices and your rights to your PHI in more detail.

PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION

This *Notice* describes how we may use and disclose your PHI to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. Your PHI is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

TREATMENT, PAYMENT, HEALTHCARE OPERATIONS (TPO):

You should be aware that during the course of our relationship with you we would likely use and disclose health information (PHI) about you for treatment, payment, and healthcare operations. Examples of these activities are as follows:

Treatment: We will record your current PHI in a record so, in the future, we can see your medical history to help in diagnosing and treatment, or to determine how well you are responding to treatment. We may use or disclose your PHI to a physician or other healthcare providers, such as referring or specialist providers, to assist in your treatment. Should you ever be hospitalized, we may provide the hospital or staff with your PHI it requires to provide you with effective treatment.

Payment: We may use and disclose your PHI so we may bill and collect payment for the services we provided to you. For example, we may contact your health insurer to verify your eligibility for benefits, and may need to disclose to it some details of your medication condition or expected course of treatment. We may use or disclose your information so a bill may be sent to you, your health insurer, or a family member. The information on or accompanying the bill may include information that identifies your diagnosis, as well as services rendered, any procedures performed and supplies used. Also, we may provide health information to another healthcare provider, such as an ambulance company that transported you to our office, to assist in their billing and collection efforts. to obtain payment for services we render to you.

Healthcare Operations: We may use and disclose your PHI in connection with our healthcare operations. For example, members of our staff may use information in your health record to assess the care and outcomes in your case and others like it as part of a continuous effort to improve the quality and effectiveness of the healthcare and services we provide. We may use and disclose your PHI to conduct cost-management and business planning activities for our practice. We may also provide such information to other health care entities for their health care operations. For example, we may provide information to your health insurer for its quality review purposes.

Authorizations: You may specifically authorize us to use your PHI for any purpose or to disclose your PHI to anyone by submitting such an authorization in writing. Upon receiving an authorization from you in writing we may use or disclose your PHI in accordance with that authorization. You may revoke an authorization at any time by notifying us in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your HI for any reason except those permitted by this Notice.

Disclosures to Family and Personal Representatives: Our health professionals, using their professional judgement, may disclose to a family member, other relative, close personal friend or any other person you identify your PHI to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with the opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Appointment Reminders: We may use and disclose information in your PHI to contact you as a reminder that you have an appointment in our office. We usually will call you at home the day before your appointment and leave a message for you on your answering machine or with an individual who responds to our telephone call. However, you may request we provide such reminders only in a certain way or only at a certain place. We will endeavor to accommodate all reasonable requests.

Other Permitted and Required Uses and Disclosures: will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the authorization at any time in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Chiropractic Students: Chiropractic students or those students interested in pursuing a chiropractic degree may observe or participate in your treatment or use your PHI to assist in their training. You have the right to refuse to be examined, observed, or treated by such students.

Newsletter and Other Communications: We may use your PHI in order to communicate to you via newsletters, mailing, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our practice is participating.

Disaster Relief: We may disclose your PHI in disaster relief situations where disaster relief organization seek your PHI to coordinate your care, or notify family and friends of your location and condition. We will provide you with an opportunity to agree or object to such disclosure whenever we practicably can do so.

Marketing: In most circumstances, we are required by law to receive your written authorization before we may use or disclose your PHI for marketing purposes. However, we may provide you with promotional gifts of nominal value. Under no circumstances will we sell our patient lists or your PHI to a third party without your written authorization.

Research: We may disclose your PHI to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your PHI.

Worker's Compensation: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement/National Security: We may release your PHI:

- in response to a court order, subpoena, warrant, summons, or similar process if authorized under state or federal law.
- to identify or locate a suspect, fugitive, material witness, or similar person.
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- about a death we believe may be the result of criminal conduct.
- about criminal conduct at our office or property or witness from our property.
- to coroners or medical examiners.

- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- to authorized federal officials for intelligence, counterintelligence and other national security authorized by law.
- to authorized federal officials so they may conduct special investigations or provide protections to the President, other authorized persons or foreign heads of state.

De-identified Information: We may use your PHI to create “de-identified” information or we may disclose your information to a business associate so that business associate can create de-identified information on our behalf. When we “de-identify” health information, we remove information that identifies you as the source of the information. PHI is considered “de-identified” only if there is no reasonable basis to believe that the health information could be used to identify you.

Personal Representative: If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your PHI. If you become deceased, we may disclose PHI to an executor or administrator of your estate to the extent that person is acting as your personal representative.

YOUR HEALTH INFORMATION RIGHTS

Right to Obtain a Paper Copy: You have a right to a paper copy of this *Notice* at any time.

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decision about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. You have a right to information stored electronically that is not in electronic health record (EHR) software, including information stored in MS Word, Excel, PDF, plain text and other electronic formats. To inspect and copy medical information, you must submit a written request to our privacy officer. We will supply you with a form for such a request. If you request a copy of your medical information, we may charge a reasonable fee for the costs of labor, postage and supplies associated with your request. We may not charge you a fee if you require your medical information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. If your medical information is maintained in an EHR, you also have the right to request an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost-based fee limited to the labor costs associated with transmitting the electronic health record. You have a right to have this information within 30 days of receipt of your request.

Right to Amend: If you feel the PHI we have about you is incorrect or incomplete, you may ask us to amend your PHI. You have the right to request an amendment for as long as we retain the information. To request an amendment, your request must be made in writing and submitted to our privacy officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless that person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for TCC;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If we deny your request for amendment, you may submit a statement of disagreement. We may reasonably limit the length of this statement. Your letter of disagreement will be included in your medical record, but we may also include a rebuttal statement.

Right to Account of Disclosures: You have the right to request an accounting of disclosures of your PHI made by us. In your accounting, we are not required to list certain disclosures including:

- those made for treatment, payment and health care operations (HCO) purposes or those made incidental to treatment, payment and HCO, however, if the disclosures were made through an EHR, you have the right to request an accounting for such disclosures made during the previous 3 years;
- those made pursuant to your authorization;
- those made to create a limited data set
- those made directly to you.

To request an accounting of the disclosures, you must submit your request in writing to our privacy officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you would like the accounting of your disclosures (for example on paper or electronically by email). The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting of disclosures. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time, before any temporarily deny your request for an accounting of disclosures.

Right to Request Restrictions: You have the right to request we place additional restrictions on our use or disclosure of your PHI for treatment, payment or HCO. You also have the right to request a limit on the medical information we communicate about you to someone who is involved in your care or the payment of your care. You have a right to restrict certain disclosures of PHI to a health plan where you have paid out of pocket in full for the healthcare item or service. As noted above, we are not required to agree to your request. If we do agree, we do agree to your requested restrictions we must abide by those restrictions, except in emergency treatment scenarios. Such requests must be made in writing, and you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both and to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask we only contact you at work or by email. To request confidential communications, you must make your request in writing to our privacy officer. We will accommodate all reasonable requests.

Right to Receive Notice of a Breach: We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users.

Complaints: If you believe we may have violated your privacy rights, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint with us, contact our privacy officer at the address listed above. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known the alleged violation occurred.

We are required by law to maintain the privacy of, and provide individuals with this *Notice* of our legal duties and privacy practices with respect to PHI. We are also to abide by the terms of the *Notice* currently in effect. If you have questions in reference to this form, please ask to speak with our HIPAA compliance officer in person or by phone number.

By signing the Thornton Chiropractic Clinic’s Acknowledgement form, you are acknowledging you have received a copy of our Notice of Privacy Practices.