

Lifestyle Chiropractic

NOTICE OF PATIENT PRIVACY RIGHTS

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.

Lifestyle Chiropractic (“LSC”) 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 LSC. 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.

- Lifestyle Chiropractic (“LSC”) may use and/or disclose your PHI for the purposes of:
 - a. **Health Care** – In order to provide you with the health care you require, LSC will provide your PHI to those health care professionals, whether on LSC’s staff or not, directly involved in your care so that they may understand your health condition and needs. For example, if the Doctor has an associate Doctor begin helping him with your care, where as two or more Doctors will now be familiar with your case or your PHI and/or in referring you to another Doctor’s office.
 - b. **Payment** – In order to get paid for services provided to you, LSC will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, LSC may need to provide an insurance plan with information about health care services that you received from LSC so that LSC, or you, can be properly reimbursed. LSC may also need to tell your insurance plan about care you are going to receive so that it can determine whether or not it will cover the health care expense.
 - c. **Health Care Operations** – In order for LSC to operate in accordance with applicable law and insurance requirements and in order for LSC to continue to provide quality and efficient care, it may be necessary for LSC to compile, use and/or disclose your PHI. For example, LSC may use your PHI in order to evaluate the performance of LSC’s personnel in providing care to you.
- Lifestyle Chiropractic may use and/or disclose your PHI, without a written consent from you, 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 LSC 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 LSC in undertaking some essential function, such as a billing company that assists LSC 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** – For the purpose of obtaining or rendering emergency treatment to you if the opportunity for you to object cannot be obtained due to your incapacity or emergent treatment circumstances and the treatment is consistent with your prior expressed preferences and is in your best interest – 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.
 - e. **Public Health Activities** – Such activities include, for example information collected by a public health authority, as authorized by law, to prevent serious harm.
 - f. **Abuse, Neglect, or Domestic Violence** – To a government authority if LSC is required by law to make such disclosure. If LSC 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.
 - g. **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.
 - For example, LSC may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
 - h. **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 of a grand jury subpoena. Or, LSC may disclose your PHI if LSC believes that your death was the result of criminal conduct.
 - i. **Coroner or Medical Examiner** – LSC may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.
 - k. **Organ, Eye or Tissue Donation** – If you are an organ donor, LSC may disclose your PHI to the entity to whom you have agreed to donate your organs.
 - l. **Research** – If LSC 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.
 - m. **Avert a Threat to Health or Safety** – LSC 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.
 - n. **Specialized Government Functions** – This refers to disclosures of PHI that relate primarily to military and veteran activity.
 - o. **Worker’s Compensation** – If you are involved in a Worker’s Compensation claim, LSC may be required to disclose your PHI to an individual or entity that is part of the Worker’s Compensation system.
 - p. **National Security and Intelligence Activities** – LSC may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.

q. Military and Veterans – If you are a member of the armed forces, LSC may disclose your PHI as required by the military command authorities.

Appointment Reminders

● Lifestyle Chiropractic may from time to time, contact you to provide appointment reminders or information about care alternatives or other health related benefits and services that might be of interest to you. The following appointment/reminders are used by LSC: a) 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.

Sign-in Log

● Lifestyle Chiropractic maintains a sign-in log for individuals seeking care and treatment in the office. The sign-in log is located in a position where staff can readily see who is seeking care in the office. This information may be seen by, and is accessible to, others who are seeking care or services at LSC.

Open Treatment Areas

● Lifestyle Chiropractic is set up in an open atmosphere. It is quite possible that conversations regarding your care will be overheard. If at any time you are uncomfortable regarding these conversations, please let a staff member know and every attempt will be made to move to a private area in order to accommodate you.

Health Related Products and Services

● Because LSC is an open atmosphere, when explaining and/or describing various products and/or services to you which may be of help to your health situation, it is possible that the conversation could be overheard by others seeking care at LSC. If you are uncomfortable with this and require a private area to speak with us, please let a staff member know and every attempt will be made to accommodate you.

Family/Friends

● LSC 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. LSC 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, LSC may use or disclose your PHI if you agree, or if LSC 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, LSC 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.

Authorization

● Uses and/or disclosures, other than the ones listed above, will be made only with your written authorization.

Your Rights

● You have the right to:

- (a). Revoke any authorization and or consent, in writing, at any time. To request a revocation, you must submit a written request to the LSC Privacy Officer.
- (b). Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, LSC is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the LSC Privacy Officer. In your written request, you must inform LSC of what information you want to limit, whether you want to limit LSC's use or disclosure, or both, and to whom you want the limits to apply. If LSC agrees to your request, LSC will comply with your request unless the information is needed in order to provide you with emergency treatment.
- (c). Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to the LSC Privacy Officer. LSC 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 LSC Privacy Officer. LSC can charge you a fee for the cost of copying, time involvement, mailing or other supplies associated with your request. In certain situations that are defined by law, LSC 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 LSC Privacy Officer. You must provide a reason that supports your request. LSC 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 LSC (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by LSC, 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 LSC'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 LSC Privacy Officer. The request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve (12) month period will be free, but LSC may charge you for the cost of providing additional lists. LSC 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 the Privacy Notice from LSC upon request to the Privacy Officer.

- (h). Complain to LSC or the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with LSC, you must contact the 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 Privacy Officer, Nikki Koppari, at (815) 623-3379 or via e-mail at ticdoc@juno.com. Mrs. Koppari is available on site on Monday, Wednesday and Friday mornings.

Practice Requirements

- Lifestyle Chiropractic / Practice:
 - (a) Is required by federal law to maintain the privacy of your PHI and to provide you with the Privacy Notice detailing LSC's legal duties and privacy practices with respect to your PHI.
 - (b) 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.
 - (c) Is required to abide by the terms of this Privacy Notice.
 - (d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
 - (e) Will distribute any revised Privacy Notice to you prior to implementation.
 - (f) Will not retaliate against you for filing a complaint.

EFFECTIVE DATE:

- This notice is in effect as of April 7, 2003.