



8753 Yates Drive, Building #2, Suite #104, Westminster, CO 80030 • 303-429-4104

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. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (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 protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice also details your rights regarding your PHI.

USE AND DISCLOSURE INFORMATION

Your protected health information may be used and disclosed by your physician, office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care any related services to another chiropractic facility, other healthcare provider, transport company, community agency, family member or other third party.

Payment: We may use and/or disclose your PHI to third party payers to bill and obtain payment for your health care services. The practice may also, as needed, tell your insurance plan about treatment you are going to receive so that it can determine coverage.

Healthcare Operations: We may use or disclose your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We may also call you by name in the waiting room when your physician is ready to see you.

Appointment Reminders: We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

Individuals Involved in Your Care or Payment: We may disclose your PHI to a person who is involved in your health care or helps pay for your care, such as a family member or friend to facilitate

that's person involvement in caring for you or in payment for your care, unless there is a specific request made to and agreed to by the Privacy Officer at the practice.

Business Associates: We may disclose your PHI to businesses performing services for the practice such as billing, processing claims, data analysis, practice management, and legal assistance. We will obtain each business associate's written agreement to safeguard your PHI.

Federal law generally permits us to make certain uses or disclosures of health information without your permission. Federal law also requires us to list each category of uses and disclosures in the Notice.

As required by law: We may use or disclose your PHI as required by any statute, regulation, court order or other mandate enforceable in a court of law.

Public Health Purposes: We may use or disclose your PHI government officials or authorities information for public health reasons, including, but limited to:

- Reporting certain communicable diseases;
- Reporting child abuse or neglect;
- Reporting elder abuse, neglect or exploitation;
- Reporting risk of serious and imminent harm, health or safety of the public or another person.

Disaster Relief Efforts: We may disclose your PHI to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

Health Oversight Activities: We may disclose your PHI to a government agency responsible for overseeing the health care systems such as licensing, auditing or accrediting; or health related government benefit program.

Judicial and Administrative: We may disclose your PHI in response to judicial proceedings and law enforcement inquiries such as a subpoena, warrant, summons or other lawful process.

Workers' Compensation: We may disclose your PHI as required or permitted by State or Federal laws for workers' compensation or programs that provide benefits for work-related injuries and illnesses.

Organ Donation: We may disclose your PHI to organizations involved in procuring, identifying, banking, or transplanting organs and tissues.

For Research: We may use or disclose your PHI for research, subject to conditions. Research is for investigation designed to contribute to generalized knowledge.

U.S. Department of Health and Human Services (HHS): We may disclose your PHI to HHS, the government agency responsible for overseeing compliance with federal privacy law and regulations regulating the privacy and security of health information.

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental and genetic treatment information. Stricter privacy requirements may apply to these types of information therefore parts of this Notice are not applicable. We will obtain your written authorization before using or disclosing your PHI in such cases.

Psychotherapy Notes: We are required to obtain an authorization for any use or disclosure of psychotherapy notes, except for use for treatment, payment purposes, health care operations, or litigation filed by you.

Patient Rights

Following is a statement of your rights with respect to your protected health information.

Inspect and copy your Protected Health Information

You have the right to read, review and receive your health information, including medical and billing records, with the exception of psychotherapy notes. If you would like a copy of your health information, please provide us a written request. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

Restrictions

You have the right to request restrictions on the use or disclosure of your PHI for treatment, payment, or healthcare operations purposes. You may also request that any part of your PHI not be disclosed to a family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You must make your restriction requests in writing, stating specific restrictions and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest or for emergency treatment to permit use and disclosure of your PHI, your PHI will not be restricted.

Amend your PHI

You have the right to request that we update or modify your records if you believe your health information is incorrect or incomplete. Please provide your request in writing and describe the information and the reason for the change. We will gladly accommodate you as long as our office maintains this information. We may deny your request if the information you ask to amend was not created by us; is not part of the protected health information kept by or for our practice; is not part of the information which you would be allowed to inspect and change; or is accurate and complete.

Confidential Communications

You have the right to request that we communicate with you about your Phi in certain way or at a certain location. For example, you may ask that we communicate your health information only privately or through mails or emails. Your request must specify the alternative ways or location, and must provide a reason in writing.

Accounting of Disclosures

You have the right to ask us for a list of disclosures we made of your PHI, other than treatment, payment, healthcare operations, and other activities permitted by you. Your request must be in writing and must state a time period, which must be within the last 6 years. You may be charged for more than one request that's made in a 12 month period.

Changes to the Notice

We are required by law to maintain your PHI and to provide to you with this Notice of Privacy Practices. However, we reserve the right to change the terms of our Notice and the privacy practices. In the event we change our privacy practices, we will provide the revised Notice to all of our patients.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. Please let us know of your concerns or complaints in writing to the Privacy Officer of the practice. We will not retaliate against you for filling a complaint.

This notice was published and becomes effective on/or before March 15, 2020.

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 protected health information. Thank you so much for taking the time to review how we are carefully using and disclosing your PHI. If you have any questions, we want to hear from you.

Please sign below to acknowledge that you have received this Notice of our Privacy Practices.

Printed Name: _____ Signature _____ Date _____