

## **HIPAA Notice of Privacy Practices**

### **Chiropractic Pain and Injury Center**

340 Legion Drive, Suite 2

Lexington, KY 40504

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

This notice of privacy practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your right 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, and future physical or mental health conditions related to healthcare.

### **Uses and disclosures of Protected Health Information (PHI):**

Your PHI may be used and disclosed by your physician of office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare 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 healthcare and any related service. This includes the coordination or management of your healthcare with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. Another example is that your PHI may be provided to a physician to whom you have been referred to ensure that they physician has the necessary information to diagnose or treat you.
- **Payment:** Your PHI will be used, as needed, to obtain payment for your healthcare services. For example, your PHI may be provided to your insurance company for authorization or payment of your visit with us. Another example is that your PHI may be provided to a collections agency to collect overdue and unpaid account balances.
- **Healthcare Operations:** We may use or disclose, as needed, 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, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the front desk. We may also call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your PHI, if necessary, to contact you to remind you of your appointment.

### **We may use or disclose your PHI in the following situations without your authorization:**

These situations include: as required by law, public health issues, communicable diseases or health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, coroners or funeral directors, organ donation, research, criminal activity, military activity and national security, worker's compensation, inmates.

### **Required Uses and Disclosures**

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate with the requirement of Section 164.500.

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 this authorization any time in writing, except to the extent that your physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**\*Continued on opposite side.**

## **Your Rights**

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

- **You have the right to inspect and copy your PHI.** Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of or use in civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to protected health information.
- **You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested 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 to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare professional.
- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**
- **You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively. i.e. electronically**
- **You may have the right to have your physician amend your PHI.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

## **Complaints**

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2003.

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. If you have any objections to this form, please ask to speak with our, HIPAA Compliance Officer in person or by phone at 859-275-1962.

**Please discuss any questions or problems with the office staff or doctor before signing acknowledgement on your Welcome Sheet.**

**\*Copies of all CPIC policies can be obtained either upon request at our office or on our website CPICLexington.Net**