



STRATEGIC HEALTH  
C H I R O P R A C T I C

---

## **NOTICE OF PRIVACY PRACTICES**

### **Uses and disclosures of your personal health information**

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.

#### **STRATEGIC HEALTH CHIROPRACTIC'S RESPONSIBILITIES**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Strategic Health Chiropractic must take steps to protect the privacy of your "protected health information" (PHI). PHI includes information that we have created or received regarding your health or payment of your health. It includes both your medical records and personal information such as your name, social security number, address, and phone number.

#### **Under federal law, we are required to:**

- Protect the privacy of your PHI. All of our employees and Strategic Health Chiropractic doctors are required to maintain the confidentiality of PHI and receive appropriate privacy training.
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your PHI.
- Follow the practices and procedures set forth in the Notice.

#### **USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION STRATEGIC HEALTH CHIROPRACTIC THAT DO NOT REQUIRE YOUR AUTHORIZATION**

Strategic Health Chiropractic uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your PHI without your authorization are listed below.

#### **We may use or disclose your protected health information without your authorization as follows in relation to your health care and treatment:**

- To our doctors, massage therapists, staff, and others involved in your health care or preventive health care.
- To coordinate such activities as exams and X-rays.
- To other health care providers treating you who are not on our staff such as dentists, emergency room staff, and specialists. For example, if you are being treated for an injured knee we may share your PHI among your primary care physician, the knee specialist, etc., so they can provide proper care.

#### **We may use or disclose your protected health information without your authorization as follows in relation to payment:**

- To administer your health benefits policy or contract.
- To bill you for health care we provide.
- To pay others who provided care to you.
- To other organizations and providers for payment activities unless disclosure is prohibited by law.

**We may use or disclose your protected health information without your authorization as follows in relation to health care operations:**

- To administer support of our business activities or those of other health care organizations (as followed by law) including providers and plans. For example, we may use your PHI to review and improve the care you receive, to provide training, and to help decide what rates to charge.
- To other individuals (such as consultants and attorneys) and organizations that help s with our business activities. (Note: If we share your PHI with other organizations for this purpose, they must agree to protect your privacy.)

**We may use or disclose your protected health information without your authorization for legal and/or governmental purposes in the following circumstances:**

- Required by law-When we are required to do so by state and federal law, including worker's compensation laws.
- **Public Health and Safety** – To an authorized public health authority or individual to: Protect public health and safety, prevent or control disease, injury, or disability, and report vital statistics.
- **Abuse or Neglect** – To government entities authorized to receive reports regarding abuse, neglect or domestic violence.
- **Oversight Agencies** – To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
- **Legal Proceedings** – In the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement** – To law enforcement officials in limited circumstances for law enforcement purposes. For example disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime, or to provide information concerning victims of crimes.
- **Military activity and national security** – To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the president of the United States.

**WE MAY ALSO DISCLOSE OR USE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING MISCELLANEOUS CIRCUMSTANCES:**

- **Family and Friends** – To a member of your family, a relative, a close friend – or any other person you identify who is directly involved in your health care-when you are either not present or unable to make a health care decision for yourself, and we determine that disclosure is in your best interest.
- **Appointment reminders** – To you, to remind you in writing or by phone/voicemail that you have a health care appointment with us. These reminders may be made by postcard, phone, or voicemail unless you specifically ask us to communicate with you through a different method as described later in this notice.
- **Treatment** – To communicate with you about treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you.
- **De-identify information** – To “de-identify” information by removing information from your PHI that could be used to identify you.
- **Coroners, funeral directors, and organ donation** – To coroners, funeral directors, and organ donation organizations as authorized by law.
- **Disaster relief** – To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general conditions.
- **Threat to your health or safety** – To avoid serious threat to the health or safety of yourself and others.
- **Correctional facilities** – If you are an inmate in a correctional facility we may disclose your PHI to the correctional facility for certain purposes, such as providing health care to you or protecting your health and safety or that of others.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BY STRATEGIC HEALTH CHIROPRACTIC THAT REQUIRE US TO OBTAIN YOUR AUTHORIZATION**

Except in the situations listed in the sections above, we will use and disclose your PHI only with your written authorization. In some situations, federal and state laws provide special protections for specific kinds of PHI and require

authorization from you before we can disclose that specially protected PHI. In these situations, we will contact you for the necessary authorization.

If you sign an authorization you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization.

## **YOUR RIGHTS REGARDING YOU PROTECTED HEALTH INFORMATION**

***NOTE: You may exercise any of your rights described below, or ask questions about these rights, by contacting us.***

### **You have the right to:**

- Request restrictions by asking that we limit the way we use or disclose your PHI for treatment, payment, or healthcare operations. You may also ask that we limit the information we give to someone who is involved in your care, such as family member or friend. Please note that we are not required to agree to your request. If we do agree, we will honor your limits unless it is an emergency situation.
- Ask that we communicate with you by other means. For example, if you want us to communicate with you at a different address we can usually accommodate that request. We may ask you to make your request to us in writing. We will agree to reasonable requests.
- Request a copy of your PHI. We may ask you to make this request in writing and we may charge a reasonable fee for the cost of producing and mailing the copies. In certain situations we may deny your request and will tell you why we are denying it. In some cases you may have the right to ask for a review of our denial.
- Ask us to amend PHI about you that we use to make decisions about you. Your request for an amendment must be in writing and provide the reason for your request. In certain cases we may deny your request in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your PHI.
- Seek an accounting of certain disclosures by asking us for a list of the times we have disclosed your PHI. Your request must be in writing and give us the specific information we need in order to respond to your request. You may request disclosures made up to six years before your request. You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee. These lists will not include disclosures to other organizations that might pay for your care provided by Strategic Health Chiropractic.
- Request a paper copy of the Notice.

## **CHANGES TO PRIVACY PRACTICES**

Strategic Health Chiropractic may change the terms of this Notice at any time. The revised Notice would apply to all PHI that we maintain. If we change any of the practices described in this Notice, we will post the revised Notice. If you have general questions about this Notice or would like an additional copy, let us know.

