

Anunson Chiropractic

Notice of Privacy Practices

This notice describes how your health information may be used, disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Information

Each time you visit Anunson Chiropractic a record of your visit is made. This record usually contains identification and financial information as well as symptoms, diagnoses, test results, a description of physical examination and a treatment plan. This record is often referred to as your "chiropractic record" or "health information" and includes information contained in paper as well as electronic records. Your health information is used:

- To plan for your care.
- For communication among your health care professionals.
- As a legal document describing the care you received.
- As a way for you or your insurance company to verify the services provided.
- To help us review and improve your health care and outcomes.
- As a source of information for important health research.
- To train health professionals and students.
- For other similar activities that allow us to operate efficiently and provide you with quality care.

Our Duty to Protect Your Health Information

Under the Health Insurance Portability and Accountability Act of 1996 (a Federal law also known as "HIPAA") we are required to keep your health information confidential, and to provide you with this notice of our legal duties and privacy practices. This notice describes how Anunson Chiropractic use and discloses your health information.

Uses and Disclosures

Here are some examples of how we might have to use or disclose your health care information:

- 1) Your chiropractor or a staff member may have to disclose your health information including all your clinical records to another health care provider or hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition.
- 2) Our insurance and billing staff may have to disclose your examination and treatment records and your billing records to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are potentially responsible for the payment of your services.
- 3) Your chiropractor and members of the staff may need to use your health information, examination and treatment records and your billing records for quality control purposes or for other administrative purposes to efficiently and effectively run his/her practice.
- 4) Your chiropractor and members of the practice staff may need to use your name, address, phone number, and your clinical records to contact you to provide appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message will be left on your answering machine.
- 5) From time to time we may contact you using your health information, including your name, address, phone number, and clinical records to market products and services, thank you for referrals, patient testimonials, reminder/birthday/recall cards and coupons.

You may inspect or copy the information that we use to contact you at any time. You have the right to refuse to give us authorization to contact you to provide appointment reminders, information about treatment alternatives, office marketing for products/services or other health related information. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

Permitted Uses and Disclosures Without Your Consent or Authorization

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

- to the extent that we are required to do so by applicable federal or state laws.
- information to a public health authority for a wide range of public health activities when the public health authority is authorized to collect or receive your health information under state or federal law.
- to an appropriate government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence.
- for state and federal health oversight activities of the health care system and government benefit programs.
- information in response to a court order or, in response to a subpoena, discovery request, or other lawful purpose.
- to a law enforcement official as required by laws that require us to report certain types of wounds or physical injuries or, to comply with court orders, a grand jury subpoena, or administrative requests authorized by law.
- to an appropriate law enforcement authority if the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- to a correctional institution if we provide services to you as an inmate.
- if we provide health care services to you in an emergency.
- if we provide care to you that is related to a work place injury to the extent necessary to comply with Wisconsin's worker's compensation laws.
- to call you or send you a letter reminding you of an appointment.

Other than the circumstances described in the preceding examples, any other use or disclosure of your health information will only be made with your written authorization.

Your Right to Revoke Your Authorization

You may revoke your authorization to us at any time; however, your revocation must be in writing. There are two circumstances under which we will not honor your revocation request:

- 1) If we have already released your health information before we receive your request to revoke your authorization.
- 2) If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have the right to your health information if they decide to contest any of your claims.

Your Right to Limit Uses or Disclosures

If there are health care providers, hospitals, employers, insurers, or other individuals or organizations to whom you do not want us to disclose your health information, please let us know, in writing, what individuals or organizations to whom you do not want us to disclose your health care information. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us. If we do not agree to your restrictions, you may drop your request or you are free to seek care from another health care provider.

Your Right to Receive Confidential Communication Regarding Your Health Information

It is Anunson Chiropractic's normal practice to communicate with you at your home address about the status of your account and home or cell phone number about health matters, such as appointment reminders. Sometimes we may leave messages on your voice mail. You have the right to request that we communicate with you in a different way. For example, you may request that we mail to only a specific address, or always use a particular number when contacting you by phone. To help us respond to your needs, please inform us of these preferences in writing. We will do our best to accommodate any reasonable request if you would like to receive information about your health or services that we provide at a place other than your home or, if you would like the information in a different form.

Your Right to Inspect and Copy Your Health Information and Billing Records

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. We require your request to inspect and/or copy your health information to be in writing. We may refuse your request if the information is for use in a civil, criminal, or administrative action or proceeding which is anticipated to occur in a time frame reasonable proximate to your request. There may be a cost associated with your request if we must copy information for you.

Your Right to Amend Your Health Information

You have the right to request that we amend your health information for seven years from the date that the record was created or as long as the information remains in our files. We require your request to amend your records be in writing and for you to give us a reason to support the change you are requesting us to make.

Your Right to Receive an Accounting of the Disclosures We Have Made of Your Records

You have the right to request that we give you an accounting of the disclosures we have made of your health information for the last six years before the date of your request. The accounting will include all disclosures except those disclosures:

- required for your treatment, to obtain payment for your services, or to run our practice.
- made to you.
- we are permitted to make without your consent or authorization as described above.
- made based on an authorization you signed.
- necessary to maintain a directory of the individuals in our facility or to individuals involved in your care.
- for national security or intelligence purposes.
- made to correctional officers or law enforcement officers.
- that were made prior to the effective date of the HIPAA privacy law.

We will provide the first accounting within any 12-month period without charge. There is a fee for any additional requests during the next 12 months. When you make your request, we will tell you the amount of the fee and you will have the opportunity to withdraw or modify your request.

Your Right to Obtain a Paper Copy of This Notice

If you have agreed to receive privacy notices by e-mail, you may request a paper copy of this notice at any time.

Our Duties

We are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information. We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices. If we make a change to the terms or our privacy agreement we will notify you in writing when you come in for care or by mail. If we make a change in our privacy terms the change will apply to all of your health information in our files.

Re-Disclosure

Information that we use or disclose based on your authorization may be subject to re-disclosure by the party it was provided to and may no longer be protected by the federal privacy rules.

Joint Treatment Area

Our office utilizes an open adjusting area that is in **full compliance with HIPAA** guidelines. By initialing here, you acknowledge and accept treatment in this manner knowing that Anunson Chiropractic and its staff will respect and maintain your health information and privacy within the standards of HIPAA.

Contact and Complaint Information

- A. If you believe that your privacy rights with respect to **confidential information in your health records** have been violated, you may file a complaint which must be in writing and addressed to privacy officer Wade Anunson, DC. Any questions concerning this Notice or requests made pursuant to it should also be addressed to the privacy officer, Wade Anunson DC.
- B. You may file a written complaint in addition to the Secretary of Health and Human Services. All complaints must be in writing and must be addressed to the Privacy Officer (in the case of complaints to us) or to the person designated by the U.S. Department of Health and Human Services **if we cannot resolve your concerns**. You will not be retaliated against for filing such a complaint. More information is available about complaints at the government's web site, <http://www.hhs.gov/ocr/hipaa>.

Print Patient Name: _____ Signature: _____ Date: _____

parent/guardian signature, patient is a minor