

Heartland Family Chiropractic, PLLC

Privacy Notice

Heartland Family Chiropractic (HFC) is committed to maintain the privacy of your protected health information (“PHI”), which includes information about your health condition, care, and treatment you receive in this office. The creation of a record detailing the care and service 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.

CONSENT- HFC may use and/or disclose your PHI provided that it first obtains a valid consent signed by you. The Consent will allow the HFC to use and/ or disclose your PHI for the purpose of:

- a. **Treatment:** In order to provide you with the health care you require, HFC will provide you PHI to those health care professionals, whether on HFC staff or not, directly involved in your care so that they may understand your health condition and needs.
- b. **Payment:** In order to get paid for services provided to you, HFC will provide your PHI, directly or through a billing service, to appropriate third party payers or collection agencies, pursuant to their billing and payment requirements. HFC may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.
- c. **Health Care Operations:** In order for HFC to operate in accordance with applicable law and insurance requirements and in order for HFC to continue to provide quality and efficient care, it may be necessary for HFC, to compile, use and/ or disclose your PHI.

NO CONSENT REQUIRED- HFC may use and /or disclose you 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 HFC obtains satisfactory written assurance, in accordance with applicable law that the business such as a billing company that assists the office 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 healthcare.
- d. **Emergency Situations:**
 - i. For the purpose of obtaining or rendering emergency treatment to you provided that HFC attempts to obtain your Consent as soon as possible; or
 - ii. 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. **Communication Barriers:** If, due to substantial communication barriers or inability to communicate, HFC has been unable to obtain your Consent and HFC determines, in the exercise of its professional judgment, which you Consent to receive treatment is clearly inferred for the circumstances.
- f. **Public Health Activities:** Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease.
- g. **Abuse, Neglect, or Domestic Violence:** To a government authority if HFC is required by law to make such Disclosure. If HFC 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.
- h. **Health Oversight Activity:** 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.
- i. **Judicial and Administrative Proceeding:** For example, HFC may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
- j. **Law Enforcement Purposes:** In certain instances, you 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, HFC may disclose your PHI if HFC believes that your death was the result of criminal conduct.
- k. **Coroner or Medical Examiner:** HFC may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining you cause of death.
- l. **Organ, Eye, or Tissue Donation:** If you are an organ donor, HFC may disclose your PHI to the entity to whom you have agreed to donate you organs.
- m. **Research:** If HFC 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.
- n. **Avert a Threat to Health or Safety:** HFC 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.
- o. **Specialized Government Functions:** This refers to disclosure of PHI that relate primarily to military and Veteran activity.
- p. **Workers’ Compensation:** If you are involved in a Workers Compensation claim, HFC may be required to disclose your PHI to an individual or entity that is part of the Workers’ Compensation system.
- q. **National Security and Intelligence Activities:** HFC may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.
- r. **Military and Veterans:** If you are a member of the armed forces, HFC may disclose your PHI as required by the military command authorities.

Appointment reminders- HFC may, from time to time, contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you. The following appointment reminders are used by HFC: a) Calling your home and leaving a message on your answering machine or with the individual answering the phone; b) mailing a postcard to the address provided by you.

SIGN-IN SHEETS-HFC maintains a directory of and sign-in log for individuals seeking care and treatment in the office. Sign-in sheets are located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within HFC's office. This information may be seen by, and is accessible to, others who are seeking care or services in HFC's office.

OPEN ADJUSTMENTS-HFC uses an open adjustment setting to perform spinal manipulation and cervical tractioning. Adjustment, may incidentally, be seen and conversations may be overheard in this situation by other persons who are in the office.

Family/friends- HFC 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. HFC may 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 condition will apply: If you are present at or prior to the use or disclosure of your PHI, HFC may use or disclose your PHI if you agree, or if HFC can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.

- a. If you are not present, HFC 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 disclosure, other than those described 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 HFC's Privacy Officer.
- b. Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, HFC is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to HFC's Privacy Officer. In your written request, you must inform HFC of what information you want to limit, whether you want to limit HFC's use or disclosure, or both, and to whom you want the limits to apply. If HFC agrees to your request, HFC 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 HFC's Privacy Officer. HFC will accommodate all reasonable requests.
- d. Inspect and copy your PHI as provided by law. To obtain a copy of your PHI, you must submit a written request to HFC's Privacy Officer. The first request will be free, but HFC may charge you for the cost of providing additional lists. HFC will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred. In certain situations that are defined by law, HFC 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 HFC's Privacy Officer. You must provide a reason that supports your request. HFC 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 HFC (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by HFC, or 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 HFC's denial, you will have the right to submit a written statement of disagreement.
- f. Receive an accounting of disclosure of your PHI as provided by law. To request an accounting, you must submit a written request to HFC's 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 first list you request within a twelve (12) month period will be free, but HFC may charge you for the cost of providing additional lists. HFC 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 this Privacy Notice from HFC upon request to HFC's Privacy Officer.
- h. Complain to HFC or to the Secretary of HHS if you believe your Privacy rights have been violated. To file a complaint with HFC, you must contact HFC's 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 HFC's Privacy Officer at (270)234-8880.

PRACTICE'S REQUIREMENTS- HFC:

- a. Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing HFC'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 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 Privacy Notice is in effect as of April 14, 2003.