

Kauffman P.C.
1600 Converse Ave.
Cheyenne, WY 82001
307-632-5901

Privacy Policy

Our goal at Kauffman Chiropractic Clinic is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. We are required to:

1. Maintain the privacy of medical information provided to us.
2. Provide notice of our legal duties and privacy practices.
3. Abide by the terms of our Notice of Privacy Practices currently in effect.

Who Will Follow This Notice

This notice describes the practices of our employees and staff as well as:

All entities associated with Kauffman Chiropractic Clinic to include any additional individuals, affiliated entities, entities associated as organized health care arrangements, or any other individuals or entities, sites, and location will follow the terms of this notice. In addition these individuals, entities, sites, and locations may share medical information with each other for the treatment, payment or health care operation purposes described in this notice.

Information Collected About You

In the ordinary course of receiving treatment and health care services for you, you will be providing us with personal information such as:

- * Your name, address and phone number
- * Information relating to your medical history
- * Your insurance information and coverage
- * Information concerning your doctor, nurse, or other medical providers

In addition we will gather certain medical information about you and will create a record of the care that is provided for you. Some information may also be provided to us by other individuals and organizations that are part of your "circle of care," such as your primary care physician, your other doctors, your health care plan, and close friends or family members.

How We May Use and Disclose Information About You

We may use and disclose personal and identifiable health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

Treatment: We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures. For example, we will use your medical history, such as "history of trauma," to assess your health and perform the needed services.

Payment: We will use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical conditions so that it will pay us for the treatment rendered to you. We need to inform your payer of the services in order to obtain prior approval or to determine whether the service is covered.

Health Care Operations: We may use and disclose information about you for the general operation of our business.

Public Policy Uses and Disclosures: There are 16 types of public-good uses and discloses that the HIPAA Privacy Rule permits provided applicable conditions are met. They are: required by law, judicial and administrative proceedings, public health authority, child abuse or neglect, victims of abuse, neglect, or domestic violence, law enforcement, FDA, cadaveric organ, eye, or tissue donation, coroners or funeral director, research, communicable diseases, health oversight activities, worker's compensation, employee workplace medical surveillance, specialized government functions, and to avert a serious and innumerable threat to health or safety.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Treatment Alternatives: We may use and disclose your personal health information in order to tell you about or recommend possible treatment options.

Other Uses and Disclosures of Personal Health Information

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

Individual Rights

You have the right to ask for restriction on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it.

Except under certain circumstances, you have the right to inspect and copy medical billing records for yourself. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe the information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

You have a right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services, our health care operations, or disclosures you have given us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Changes to this Notice

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.

Complaints, Comments, and Exercising Your Rights:

If you have any complaints or wish to exercise your rights please contact us in writing.