

Notice of Privacy Practices:

Notice of Privacy Practices for PHI§164.520

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

Patient signed acknowledgment of this document is mandatory. Signed acknowledgement will be kept in patient file. NPP is required to be posted in office.

Understanding Your Health Record/Information:

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights to Request Privacy Protection for PHI§164.522(a)

An individual has the right to request that the covered entity restrict (1) uses and disclosure for treatment, payment and health care operations and (2) disclosures permitted for involvement in the individual's care and notification purposes.

Confidential Communications Requirements§164.522(b)

An individual has the right to request to receive communications of PHI by the provider by alternative means or at alternative locations. This facility will accommodate reasonable requests by individuals to the alternate delivery location. Reasonable definition is local delivery address.

Access of Individuals to PHI §164.52

Unless otherwise required by law your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health record. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect, and obtain a copy of your health record. Obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Amending PHI§164.526

The individual has a right to inspect and copy his or her PHI, in whole or in part, for as long as the covered entity maintains the information.

Accounting of Disclosures of PHI§164.528

An individual has the right to receive an accounting of the disclosures of their PHI made by the covered entity in the six years prior to the request, except for the following disclosures.

(1) For payment, treatment, and health care operations (2) to the individual (3) for the facility's directory or to persons involved in the individual's care (4) for national security or intelligence purposes (5) to correctional institutions or law enforcement officials (6) which occurred prior to the HIPAA compliance date.

Waiver of Rights§164.530(h)

A covered entity may not require an individual to waive his or her right to file a complaint with the DHHS as a condition of treatment, payment, and enrollment in a health plan, or eligibility for benefits.

Contact information for the Office of Civil Rights in the Notice of Privacy Practices. ((866)-OCR-PRIV)

Policies and Procedures§164.530(i)(1)

A covered entity must develop and implement policies and procedures relating to PHI that are designed to comply with the elements of the regulations.

Complaints to the Covered Entity§164.530(c)

A covered entity must provide a process for individuals to make complaints concerning its policies and procedures or its compliance with its policies and procedures or the requirements of the regulation. In order to preserve patient trust Chiropractic Neurology Associates has a complaint policy in effect. Contact the Privacy Official for procedure for submitting complaints.

Our Responsibilities:

This organization is required to maintain the privacy of your health information. In addition, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. If we maintain a Web site that provides information about our customer services or benefits we will post our new notice on that Web site. We will not use or disclose your health information without your authorization, except as described in this notice.

Personnel Designations§164.530(a)

Chiropractic Neurology Associates has designated a Privacy Official who is responsible for the development and implementation of the policies and procedures of the entity and a contact person or office to receive complaints and provide further information about the covered entity's privacy practices. If you have questions about Chiropractic Neurology Associates Privacy Practices please contact ***Privacy Official #1*** or if not available feel free to contact ***Privacy Official #2***.

Training§164.530(b)

A Covered Entity must have a Privacy of PHI training policy in effect and has educated members of its workforce about the entity's policies and procedures for PHI.

Safeguards§164.530(c)

Only designated employees will have access to PHI. Restrictions and rights of access to PHI will be at Chiropractic Neurology Associates's discretion. Access and/or passwords to PHI are to be assigned by management only. Employees are to understand the importance of confidentiality of PHI and employee disregard of this policy will result in disciplinary actions up to and including termination.

Sanctions§164.530 (e)

Chiropractic Neurology Associates is committed to the Hipaa Privacy of PHI regulations and will apply appropriate sanctions against its employees who fail to abide by this facility's privacy policies and procedures or the regulations.

Refraining from Intimidating or Retaliatory Acts§164.530(g)

This management or it's employees will not intimidate, threaten, coerce, discriminate or retaliate against an individual who exercises any right or process established under the regulation, including: the filing of a complaint, testifying, assisting, or participating in an investigation, compliance review, or hearing. Individuals can choose not to participate in any act or practice made unlawful by the regulation, provided the individual or person has a good faith belief that the practice opposed is unlawful, and that the manner of the opposition is reasonable and does not involve a disclosure of PHI that in itself constitutes violation.

Changes to Policies or Procedures§164.530(i)(2)

Chiropractic Neurology Associates reserves the right to revise its policies and procedures as necessary and appropriate to comply with changes in the law or regulations, or when it changes a privacy practice that is stated in its notice of privacy practices.

Documentation§164.530(j)

A Covered Entity must maintain its policies and procedures in written or electronic form for six years from the date of creation of the policies and procedures, or from the date when the policies and procedures became effective, whichever is later.

Retention Period§164.530(j)(2)

All PHI written and electronic will be maintained for the regulation required six-year period. All files may be purged after the required period.

Prior Consents and Authorizations§164.532 (a)

This facility may continue to use or disclose an individual's PHI with the individual's consent or authorization prior to the compliance date of the regulation, even though the consent does not strictly comply with the requirements for consent or authorization.

Compliance Dates for Initial Implementation of the Privacy Standards§164.534

Health care providers, clearinghouses, and most health plans must comply with the regulations no later than 24 months after the effective date of the final rule as published in the Federal Register.

General Rule and Exceptions – State Law§160.203

Conflicting state law is preempted.

Clarification: There are four exceptions to this general rule: (1) the Secretary determines that the state law, regulation, or rule is necessary to prevent fraud and abuse related to the provision of or payment for health care. (2) To ensure appropriate State regulations of insurance and health plans to the extent expressly authorized by statute or regulations (3) For State reporting on health care delivery or cost. (4) For purposes of serving a compelling need related to public health, safety, or welfare or if the Secretary determined that an intrusion into privacy is warranted as determined by the need. The broadest of these exceptions is the exception for state laws that are "more stringent" than the regulation. A state law is more stringent when it (1) prohibits or restricts a use or disclosure that the regulation would permit (2) grants greater rights of access or amendment to an individual's own PHI (3) provides for a greater amount of information to be disclosed to an individual upon request (4) requires more narrowly focused or limited consents or authorization (5) requires more detailed record keeping (6) provides any other greater privacy protection.

Complaints to the Secretary of HHS§160.306

Any person who believes that a covered entity is not complying with the applicable requirements of HIPAA may file a complaint with the Secretary of HHS.

Clarification: Complaints to the Secretary must be in writing or electronic and must include the covered entities contact information and the nature of the violation. Phone number for the Office of the Secretary (202) 690-7000

Requirements for Filing Complaints§160.306(b)

A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the time limit is waived by the Secretary for good cause shown.

Responsibilities of Covered Entities: Provide Records and Compliance Reports§160.310

Covered entities are required to keep records of HIPAA compliance and submit compliance reports in such time and manner and containing such information, as the Secretary may determine to be necessary to enable the Secretary to ascertain whether the covered entity has complied or is complying with the applicable requirements of the regulations.

Responsibilities of Covered Entities: Cooperate with Complaint Investigations and Compliance Reviews §160.310 (b)(c)

All employees have the responsibility to cooperate with the Secretary regarding all investigations or compliance reviews. All employees must permit access to information and documentation by the Secretary at any time and without notice?

Changes to Privacy Practices Stated in the Notice of Privacy Practices§164.530(i)(4)

Chiropractic Neurology Associates reserves the right to change privacy practices Stated in the Notice of

Privacy Practices. Notification of changes in the law will be addressed by revising this document and relevant policies and procedures.

Disclosures for Treatment, Payment, and Health Operations:

Uses & Disclosures of PHI §164.502(a)

Privacy rules require consent for disclosure of PHI for treatment, payment and health care operations, and authorization for all other purposes for which written permission is required.

Clarification: Consents are required for providers and optional for health plans. Consent may be a condition for receiving treatment. Authorizations are required for all other disclosures and require detail.

Minimum Necessary §164.502(b) §164.514(d)

A covered entity must limit use and disclosure of PHI to the minimum necessary to carry out the intended purpose of the request.

Clarification: Minimum necessary does not apply to disclosures between providers in the context of treatment.

Uses and Disclosures Requiring an Opportunity for the Individual to Agree or to Object §164.510

PHI may be disclosed by a Covered Entity without the individual's consent or authorization when used for facility directories (for clergy and other visitors), or to update family members and individuals involved in the individual's care.

Clarification: Individuals must be given the opportunity to prohibit or restrict certain disclosures of PHI.

Uses & Disclosures for which an authorization is required §164.508

Core elements of an Authorization are: A specific description of the information to be disclosed, the name or other specific identification of the person(s) making the request, expiration date, a statement of the individual's right to revoke, statement that information used or disclosed may be subject to re-disclosure, signature and date, if signed by a representative a description of the authority.

Clarification: Authorizations are required to be more specific than consents regarding disclosure of PHI.

A written consent is required for the use and disclosure of PHI for treatment, payment and health care operations.

We will use your health information for treatment. For example: Information obtained by a healthcare practitioner will be recorded in your record and used to determine the course of treatment that should work best for you. By way of example, your physician will document in your record their expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. We will also provide your other practitioners with copies of various reports that should assist them in treating you. *We will use your health information for payment.* For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. *We will use your health information for regular health operations.* For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Uses and Disclosures for which consent, an authorization or opportunity to agree or object is not required §164.512(a) – (l)

A covered entity may use or disclose protected health information without the written consent or authorization of the individual in the following circumstances:

- a) Uses and disclosures required by law
- b) Uses and disclosures for public health activities
- c) Disclosures about victims of abuse, neglect or domestic violence
- d) Uses and disclosures for health oversight activities
- e) Disclosures for judicial and administrative proceedings
- f) Disclosures for law enforcement purposes
- g) Uses and disclosures about decedents

- h) Uses and disclosures for cadaveric organ, eye or tissue donation purposes
- i) Uses and disclosures for research purposes
- j) Uses and disclosures to avert a serious threat to health or safety
- k) Uses and disclosures for specialized government functions
- l) Disclosures for worker's compensation

De-identification of PHI§164.514(a)

Individual health information loses its HIPAA protections and may be used or disclosed freely if it cannot be used to identify an individual.

Clarification: To be considered "de-identified," the health information cannot contain any of the nineteen specific identifiers of the individual and his/her relatives, employers, or household members. However, it is possible that, even if one or more identifiers remain, information can still be treated as de-identified if a qualified statistician determines that the risk of identification is very small.

1. Name
2. All address information
3. E-mail addresses
4. Dates (except year)
5. Social Security Number
6. Medical record numbers
7. Health plan beneficiary numbers
8. Account numbers
9. Certificate numbers
10. License numbers
11. Vehicle identifiers
12. Facial photographs
13. Telephone numbers
14. Device identifiers
15. URLs
16. IP addresses
17. Biometric identifiers
18. The geographic unit formed by combining all zip codes with the same three initial digits containing more than 20,000 people and the initial three digits of all geographic units with fewer than 20,000 people is changed to 000.
19. Any other unique identifying number, characteristic, or code and the covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information

Uses and Disclosures of PHI for Marketing§164.514(e)

Providers may use limited patient information (demographics and dates of service), without authorization, for marketing and fund raising activities.

It is the position of Chiropractic Neurology Associates that there will be no PHI used in any marketing effort. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosures to Business Associates§164.502(e)

There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information. *Directory (inpatient settings):* Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Other

Notification:

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family:

Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research (inpatient):

We may disclose information to researchers when an institutional review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information has approved their research.

Funeral directors:

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations:

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing:

Providers may use limited patient information (demographics and dates of service), without authorization, for marketing and fund raising activities.

Fund raising:

We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA):

As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation:

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health:

As required by law, we may disclose your health information to public health or legal authorities charged with tracking birth and deaths, as well as with preventing or controlling disease, injury, or disability.

Correctional institution:

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

Law enforcement:

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public. *Notice of Privacy Practices availability:* This notice will be prominently posted in the office where registration occurs. Patients will be provided a hard copy and the notice will be maintained on our Web site (if applicable Web site exists) for downloading.

EFFECTIVE DATE: _____

For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact:

_____ Privacy Official _____ at _____ Phone # 563-6761 _____.

If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.