

## CRABTREE CHIROPRACTIC CENTER NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY** This Practice is committed to maintaining the privacy of your protected health information (“PHI”), which includes information about your health condition and the care and treatment you receive from the Practice. The creation of a record detailing the care and services 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. The privacy of PHI in patient files will be protected when the files are taken to and from the Practice by placing the files in a box or brief case and kept within the custody of a doctor or employee of the Practice authorized to remove the files from the Practice’s office. It may be necessary to take patient files to a facility where a patient is confined or to a patient’s home where the patient is to be examined or treated.

**NO CONSENT REQUIRED** The Practice may use and/or disclose your PHI for the purpose of: (a) Treatment – In order to provide you with the health care you require, the Practice will provide your PHI to those health care professionals, whether on the Practice’s staff or not, directly involved in your care so that they may understand your health condition and needs. For example, a physician treating you for a condition or disease may need to know the results of your latest physician examination by this office. (b) Payment – In order to get paid for services provided to you, the Practice will provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, the Practice may need to provide the Medicare program with information about health care services that you received from the Practice so that the Practice can be properly reimbursed. The Practice 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 the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to continue to provide quality and efficient care, it may be necessary for the Practice to compile, use and or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice’s personnel in providing care to you.

1. The Practice may use and or disclose your PHI, without a written Consent from you, in the following additional 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 the Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists the Practice in undertaking some essential function, 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 health care. (d) Emergency Situations – (i) for the purpose of obtaining or rendering emergency treatment to you provided that the Practice 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, the Practice has been unable to obtain your Consent and the Practice determine, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from 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 and that does not identify you and, even without your name, cannot be used to identify you. (g) Abuse, Neglect or Domestic Violence – To a government authority if the Practice is required by law to make such disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm. (h) Health Oversight Activities – 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, the Practice may be required to disclose your PHI in response to a court order or a law fulling issued subpoena. (j) Law Enforcement Purposes – In certain instances, your 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, the Practice may disclose your PHI if the Practice believes that your death was the result of criminal conduct. (k) Coroner of Medical Examiner – The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determine your cause of death. (l) Organ, Eye, or Tissue Donation – If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs. (m) Research – If the Practice is involved in research activities, your PHI may be used, but such use is subject to numerous government requirements intended to protect the privacy of your PHI and that does not identify you and, even without your name, cannot be used to identify you. (n) Avert a Threat to Health or Safety – The Practice 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) Workers’ Compensation – If you are involved in a Workers’ Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Workers’ Compensation system. (p) Disclosure of immunizations to schools required for admission upon informal agreement.

**APPOINTMENT REMINDER** The Practice may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you. The following appointment reminders are used by the Practice: a) a postcard mailed to you at the address provided by you; and b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone, c) reminder text to cell phone.

**DIRECTORY/SIGN-IN-LOG** The Practice maintains a directory of and sign-in log for individuals seeking care and treatment in the office. Directory and sign-in-log are located in a position where staff can readily see who is seeking care in the office, as well as the individuals location with the Practice’s office suite. This information may be seen by, and is accessible to, others who are seeking care or services in the Practice’s offices.

**FAMILY / FRIENDS** The Practice 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 persons involvement with your care or the payment for your care unless you direct the Practice to the contrary. The Practice may also 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 conditions will apply: (a) If you are present at /or prior to the use or disclosure of your PHI, the Practice may use or disclose your PHI if you agree, or if the Practice can reasonably infer from the circumstances, based on the exercise of its professional judgment that you do not object to the use or disclosure.(b) If you are not present, the Practice will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interest and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

**AUTHORIZATION** Uses and/or disclosures, other than those described above, will be made only with your written authorization.

**PATIENT RIGHTS** 1. You have the right to: (a) Revoke an authorization and /or Consent, in writing, at any time. To request a revocation, you must submit a written request to the Practices' Privacy Officer. (b) Request restrictions on certain use and /or disclosure of your PHI as provided by law. However, the Practice is not obligated to agree to a requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice 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 the Practice's Privacy Offer. The Practice will accommodate all reasonable requests. (d) Inspect and obtain a copy your PHI as provided by 45 CFR 164.524. To inspect and copy your PHI, you are requested to submit a written request to the Practice's Privacy Officer. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request. (e.) Amend your PHI as provided by 45 CFR 164.528. To request an amendment, you must submit a written request to the Practices Privacy Officer. You must provide a reason that supports your request. The Practice 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 the Practice (unless the individual or entity that created the information is no longer available), if the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you will have the right to submit a written statement of disagreement.(f) Receive an accounting of disclosures of your PHI as provided by 45 CFR 164.528. The request should indicate in what for you want the list (such as a paper or electronic copy)(g) Receive a paper copy of this Privacy Notice from the Practice upon request to the Practice's Privacy Officer.(h) Receive notice of any breach of confidentiality of your PHI by the Practice.(i) Prohibit the disclosure to your health plan or anyone else of any test, examination or treatment for which you have paid in cash or the equivalent, including legally binding assignments of proceeds.(j) If you believe your privacy rights been violated, complain to this practice or to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington D.C. 20201, telephone:202-6190257, email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov); or to the North Carolina Attorney General, 9001 Mail Service Center, Raleigh, NC 27699-9001, telephone:919-716-6400.(k) Request copies of your protected health information (PHI) in electronic format.

You may contact the Privacy Officer of this practice to obtain more information or the answer to any questions you may have about your privacy right. The Privacy Officer's contact information is as follows: Current Office Manager- Crabtree Chiropractic Center, P.A. 4517 Lead Mine Road - Raleigh, NC 27612 - 919-781-8830

**THIS PRACTICE'S OBLIGATIONS AND PEROGATIVES. This Practice.**

- (a) Is required by federal law to maintain the privacy of your PHI and to provide you with this privacy notice detailing the practice's legal duties and procedures for maintaining, protecting and disclosing your PHI.
- (b) Is required by state law to maintain a higher level of confidentiality than federal law requires with respect to certain portions of your PHI. In particular, the practice is required to comply with N.C.G.S. 130A-143 relating to the AIDS virus and other communicable diseases and with N.C.G.S. 131E-97 relating to patient records and personal financial records.
- (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 new privacy notice provisions effective for any of your PHI maintained by the practice.
- (e) Will distribute to you any revisions in the privacy notice prior to implementation.
- (f) Will not retaliate against you for filing a complaint regarding breach of your privacy rights.

**CHANGE TO THE TERMS OF THIS NOTICE** – We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available in our reception area or upon request in our office, *Effective September 23, 2013.*