

The Liebell Clinic: Confidential Health Information Protection Policies

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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.

I, Dr. Donald Liebell and the staff of the Liebell Clinic certify to you, the patient that we comply with the standards set by the *Health Insurance Portability and Accounting Act (HIPAA)* of 1996. The purpose of this federal government regulation is to protect your rights as a patient to the confidentiality of your health care records, to prevent their unauthorized use of your protected health information. Simply put, it is the responsibility of the staff of Liebell Clinic to protect and maintain your rights to privacy. The information in your case file, as well as your x-rays, computer records of billing, insurance, payment, etc., are the property of The Liebell Clinic, however you have specific rights regarding access to that information.

You have rights to privacy of your Liebell Clinic records, and with few exceptions, it is only with your specific authorization that any or all of them can be shared, duplicated or discussed with any other party. The purpose of this document is to make you aware of the Liebell Clinic's procedures and efforts to fully comply with this protection law, so you can rest assured that your health care records are reasonably and properly safeguarded.

In the course of your care as a patient at The Liebell Clinic, we may use or disclose personal and health related information about you in the following ways: *Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment. *Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may responsible for the payment of services provided to you. *Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have a right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations. We are permitted and may be required to use or disclose your health information without your authorization in these following circumstances: *If we provide health care services to you in an emergency. *If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so. *If there are substantial barriers to communicating with you, but in our professional judgment, we believe that you intend for us to provide care. *If we are ordered by the courts or another appropriate agency.

You have a right to request restrictions on our use of your protected health information for treatment, payment and operations purposes. Such requests are not automatic and require the agreement of this office. The Liebell Clinic reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. The following are the key points regarding the protection of your confidential information regarding your care at this facility:

- The major focus of HIPAA protection in the health care field is the use of electronic media, specifically the use of electronic insurance billing and email of records. **The Liebell Clinic does NOT file any insurance claims electronically at this time.**
- We have taken specific measures to prevent the possibility of unauthorized access to our patient files. **Our room containing records, including computer is locked when unoccupied by authorized doctor and staff.** The reason for this is so patient files are protected from non-staff members after hours, such as cleaning or maintenance staff of the Pinehurst Center and any contracted repair people.

- Computer file access is limited to Dr. Donald Liebell, Office Manager and Privacy and Compliance Officer, Mrs. Mrs. Sheila Liebell, and to the current office assistant, exclusively upon request and supervision of these officers. **Our computer has password protection and fast-acting screensaver features**, to prevent unauthorized access and/or visual contact with patient records.
- We have installed **privacy windows with security locks for our administrative and records room** in our reception area. This serves primarily as a physical barrier to prevent people from leaning over the counter and looking at our records and paperwork. It is also for phone privacy for the Liebell Clinic Staff. Many phone calls made to patients regarding health care, insurance or billing issues must be done under private conditions. When staff members are making such calls or other private patient discussions, these windows will remain closed to eliminate eavesdropping (accidental or intentional). In addition, many calls of the more sensitive nature are made either in a closed-door setting (Dr. Liebell's private office), or more notably, after patient hours when nobody is present in the clinic, other than authorized staff.
- **It is for health information privacy protection reasons that we request that patients with appointments at 9.00 am to 9:30 am, please come into the Liebell Clinic no earlier than 8:50 am.** Between the hours of 8:30 am and 9:00, office staff is preparing confidential files, making calls potentially involving private health information or financial matters, as well as listening to answering machine messages, which may contain similar discussions or comments. **Patient services begin promptly at 9:00 am.** The same holds true for afternoon hours, beginning between **2:30-2:45pm**. Please respect the privacy of other patients and the work needs of the Liebell Clinic to serve everyone efficiently and properly.
- **Release of Your Records to Third Parties:** Our new patient forms have specific authorizations from you regarding release of records to insurance companies and/or attorneys. In addition, The Liebell Clinic reserves the right to disclose protected health information to a collections attorney, as result of payment delinquencies. Unless mandated by law (such as subpoena or court order), or in an emergency, the **Liebell Clinic will NOT provide protected health information to anyone without your expressed written consent or request.**
- All patients have a **right to adequate notice of the uses and disclosures of protected health information** that may be made by this office, and of the individual's rights and the Liebell Clinic's legal duties with respect to protected health information. Other uses and disclosures will be made only with the patient's written authorization. One has the right to revoke such authorization.
- **The Liebell Clinic does NOT share patients' names, phone numbers or addresses with any other entity, unless specifically requested in writing.** The Liebell Clinic DOES make courtesy calls to patients for the purpose of appointment reminders, insurance and payment issues. Newsletters, postcards, letters and other communications, including email may be used.
- **The Liebell Clinic reserves the right to contact patients to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.**
- Patients of The Liebell Clinic have the **right to inspect or copy protected health information** for as long as it remains in our files. The Liebell Clinic has the right to charge a fee for such copies and/or preparation.
- In addition you have the **right to request an amendment to your health information.** An example of this would be a patient's desire to review the forms filled out upon first becoming a patient, and change a mistake of which they became aware. Requests to inspect, copy or amend your health related information should be provided to us in writing. We are required by state and federal law to maintain the privacy of your patient file and the health protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

- You have a **right to receive an accounting of any such disclosures made by this office.** Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date. Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules. **We normally provide information about your health to you in person at the time you receive chiropractic care from us.** We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a specific form please advise us in writing as to your preferences.

- Although most consultations, examinations and treatments are done behind closed doors, **the Liebell Clinic at times, utilizes an “open-door treatment” environment for ongoing patient care.** This means that several patients (which might for example include friends or family members) being seen in the same treatment or examination room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and this is NOT the environment used for taking patient histories, providing private examinations or presenting reports of findings. These procedures are completed in a private, confidential setting. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be treated or consulted with in an open door treatment environment other arrangements will be made for you. You may simply request that the door remain closed.

- **Complaints.** Patients have the **right to file a complaint, in writing,** to The Liebell Clinic, submitted to Privacy Officer, Sheila Markbreit-Liebell (at this office address), if they believe their privacy rights have been violated. No acts of retaliation will be made as a result of such. You also have the right to lodge a complaint with the Secretary of the Department of Health and Human Services. If you choose to lodge a complaint with this office or with the Secretary your care will continue and you will not be disadvantaged by this office or our staff in any manner whatsoever. **This notice is effective as of August 15, 2009. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received and read a copy of this notice.**

_____	_____	_____
Name (Printed please)	Signature	Date

If you are a minor, or if you are being represented by another party:

_____	_____	_____
Personal Representative Printed	Personal Representative Signature	Date

Description of the authority to act on behalf of the patient: _____
