

Privacy Policy

Arctic Chiropractic Juneau LLC

Notice of Privacy Practices

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.

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION

Your protected health information may be used and disclosed by you physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, pay your health care bills, support the operation of the physician's practice and any other use required by law.

- **To Contact You** – Your information may be used to contact you to remind you about appointments, inform you about treatment options or advise you about other health-related benefits and services.
- **Treatment** – Your information may be shared with any healthcare provider who is providing you with health care services. This includes coordinating your care with other health care providers and providing referrals to other health care providers. Examples of healthcare providers who may need you information to treat you include your doctor, pharmacist, nurse, and other providers such as physical therapists, massage therapists, home healthcare providers and x-ray technicians. We may share PHI electronically with your healthcare providers to make sure they have your information as quickly as possible to treat you.
- **Payment** – In order to obtain payment for your health care services, we may have to provide your PHI to the party responsible for paying. This may include Medicare, Medicaid, or your insurance company. Your Insurance company may need information about activities such as your eligibility of coverage, reviewing the medical necessity of the health care services provided to you or providing approval for specific services.
- **Healthcare Operations** – We may use or disclose, as needed, your PHI in order to support the business activities of our physician's practice. These activities includes, but are not limited to quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign in sheet at the front desk where you will be asked to sign your name and/or indicate your physician, as well as the time you arrived and left our office. We may also call you by name in the waiting room, when your physician is ready to see you. We may share your PHI with third parties who perform services such as transcription or billing. In those cases, we have written agreements with third parties that they will not use or disclose your PHI except if permitted by law. We may also use your information (name, address, date of birth, department of service, treating physician, dates of treatment, outcome) for our fundraising activities.

OTHER USES AND DISCLOSURES THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION

There's a number of ways that your PHI may be used or disclosed without your authorization. Generally, these uses and disclosures are either required by law or for public health and safety purposes.

- When, required by law;
- Public Health Issues;
- Health Oversight;
- Legal Proceedings;
- Abuse & Neglect;
- Law Enforcement;
- Preventing a serious threat to the health and safety of a person or of the public;
- Coroners, Funeral Directors and Organ Donation;
- Research;
- Military Activity and National Security;
- Worker' Compensation;
- Inmates/arrestees;
- Disaster Relief

Other permitted and required uses and disclosures will be made only with our written authorization. You may revoke an authorization in writing at any time except to extent that your physician or the physician's practice has taken an action in reliance on the authorization.

YOUR RIGHTS

- **Access to your PHI** – You have the right to receive a copy of your health information that we maintain, with some limited exceptions. You may request access to your information in writing, and you may request a copy of your information in electronic format. We reserve the right to charge a reasonable fee for the cost of producing and providing your health information. You have the right to request that your health information be sent to any person or entity, such as another doctor, caregiver or online personal health record.
- **You have the right to request a restriction of your PHI** – This means that you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that nay part of your PHI not be disclosed to family members or friends who may be involved in your care for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply. Your physician is

not required to agree to a restriction that you may request. If a physician believes that it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have to use another healthcare professional.

- **Confidential communications** – We will accommodate reasonable requests to communicate with you about your health information by different methods or alternative locations. For Example, if you are covered on a health plan but are not the subscriber, and would like your health information sent to a different address than the one of the subscriber, we can usually do that for you.
- **Breach Notification** – You have the right to receive notification of breaches of your health information as required by law.
- **You may have the right to have your physician amend your PHI** – if we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI** – We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

QUESTIONS AND COMPLAINTS

If you have any questions or are concerned that any of your privacy rights have been violated, please contact the Secretary of Health and Human Services at:

Office of Civil Rights – AK, WA, OR, MT
U.S. Department of Health and Human Services
2201 Sixth Avenue – M/S: RX-11
Seattle, WA 98121-1831

CHANGES TO OUR PRIVACY POLICY

We reserve the right to change the terms of our Notice at any time. New Notice provisions will be effective for all PHI that we maintain. You may view a copy of our most current Notice on our website at www.arcticchiropracticjuneau.com, in the lobby at our office, or request a current copy from the medical records department or privacy officer at any time.

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main office number.

Revised July 14, 2014