

Gatlin Chiropractic and Rehabilitation Center

Notice of Privacy Practices

(Health Insurance Portability and Accountability Act)

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

A. OUR COMMITMENT TO YOUR PRIVACY

Our office is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of this notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our office. You may request a copy of our most current notice during any office visit.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Dr. Jill C. Gatlin, HIPPA Privacy Officer, (731) 288-9628 further information.

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your identifiable health information.

1. Treatment. Our office may use your identifiable health information to treat you. For example, we may ask you to undergo x-rays, and we may use the results to help us reach a diagnosis. The doctors or staff at our office may use or disclose your identifiable health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children, or parents.

- 2. Payment.** Our office may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.
- 3. Health Care Operations.** Our office may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our office may use your health information to evaluate the quality of care you received from us or to conduct cost-management and business planning activities for our practice.

OPTIONAL:

4. Appointment Reminders. Our office may use and disclose your identifiable health information to contact you and remind you of visits/deliveries.

OPTIONAL:

5. Health-Related Benefits and Services. Our office may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.

OPTIONAL:

6. Release of Information to Family/Friends. Our organization may release your identifiable health information to a friend or family member that is helping you pay for your health care, or who assists in taking care of you.

7. Disclosures Required By Law. Our office will use and disclose your identifiable health information when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

- 1. Public Health Risks.** Our office may disclose your identifiable health information to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Reporting reactions to drugs or problems with products or devices
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
- 2. Health Oversight Activities.** Our office may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions.
- 3. Lawsuits and Similar Proceedings.** Our office may use and disclose your identifiable health information in response to a court or administrative order, if you are involved in a

lawsuit or similar proceeding. We may also disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information.

4. Law Enforcement. We may release identifiable health information if asked to do so by law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe may have resulted from criminal conduct
- Regarding criminal conduct at our office

5. Serious Threats to Health of Safety. Our office may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. Military. Our office may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

7. National Security. Our office may disclose identifiable health information to federal officials for intelligence and national security activities authorized by law.

8. Inmates. Our office may disclose personal identifiable information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

9. Worker's Compensation. Our office may release your identifiable health information for worker's compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information that we maintain about you:

- 1. Confidential Communications.** You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Dr. Jill C. Gatlin, HIPPA Privacy Officer, 624 Hwy 51 Bypass W., Dyersburg, TN 38024. (731) 288-9628 specifying the requested method of contact, or the location where you wish to be contacted. Our office will accommodate reasonable requests.
- 2. Requesting Restrictions.** You have the right to request a restriction in our use and disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of you identifiable health information to individuals involved in you care of the payment for you care, such as family members and friends. We are not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

- 3. Inspection and Copies.** You also have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. We require your request to copy or inspect records to be in writing, and a fee may be associated with your request if we must copy information for you. We may refuse your request if the information is for use in a civil, criminal, or administrative action or proceeding which is anticipated to occur in a time frame reasonable proximate to your request.
- 4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to Dr. Jill C. Gatlin, HIPPA Privacy Officer, 624 Hwy 51 Bypass W., Dyersburg, TN 38024. (731) 288-9628. You must provide us with a reason that supports your request for amendment. Our office will deny your request if you fail to submit your request (and reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is (a) accurate and complete (b) not part of the identifiable health information kept by or for the organizations (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our office, unless the individual or entity that created the information is not available to amend this information.
- 5. Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain disclosures our office has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to Dr. Jill C. Gatlin, HIPPA Privacy Officer, 624 Hwy 51 Bypass W., Dyersburg, TN 38024 (731) 288-9628. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but our office may charge you for additional lists within the same 12 month period. Our office will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- 6. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Dr. Jill C. Gatlin, HIPPA Privacy Officer, 624 Hwy 51 Bypass W. Dyersburg, TN 38024 (731) 288-9628. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- 7. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you're a copy of this notice at any time. To obtain a paper copy of this notice, contact Dr. Jill C. Gatlin, HIPPA Privacy Officer, 624 Hwy 51 Bypass W. Dyersburg, TN 38024. (731) 288-9628.
- 8. Right to Provide an Authorization for Other Uses and Disclosures.** Our office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note, we are required to retain records of your care.