

Polo Chiropractic Center

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is personal. We are both committed to, and required by law to, maintain the privacy of this information. Each time we provide services, we create a record of the care and services you receive. We need this record to provide quality care and to comply with certain legal requirements. This notice applies to all of your information and the records of your health care generated by us or received by us from you or others.

Along with safeguarding your personal health information, we must also make available this notice of our legal duties and privacy practices, and we must follow the terms of the notice currently in effect. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights of access, amendment, control, and other rights concerning the use and disclosure of your health information. Polo Chiropractic Center is also required to notify you if your health information is breached.

If you are the parent, legal guardian, or personal representative of the patient, the references herein such as "...your personal health information..." shall be understood to refer to that patient.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us, directly to our Privacy Officer: Keith Webb, DC, Polo Chiropractic Center, 109 S Franklin Ave Polo IL 61064, (815) 297-3485 kwebb1092@gmail.com. You can also file a complaint with the Secretary of the Department of Health and Human Services at www.hhs.gov or in writing to any regional HHS office. There will be no retaliation for filing a complaint.

How We May Use and Disclose Your Health Information

The following categories describe different ways that we may USE your health information within Polo Chiropractic Center, and DISCLOSE your health information to persons and entities outside of Polo Chiropractic Center. We have not listed every use or disclosure within the categories, but give some examples for understanding.

Common Uses and Disclosures Allowed by Law

Treatment: We may use your health information to provide you treatment and services. We may disclose health information about you to others who are involved in your care.

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Payment: We may use and disclose your health information so the treatment and services you receive at Polo Chiropractic Center may be billed to and payment collected from you, an insurance company or a third party. We may also disclose health information to your insurance plan to obtain prior authorization for treatment and procedures.

Health Care Operations: We may use and disclose your health information for health care activities such as: quality assurance; administration; Polo Chiropractic Center financial and business planning and development; and customer service (including investigation of complaints). These uses and disclosures are necessary to operate our health care facility and make sure patients receive quality care.

Business Associates: Some services may be provided to our organization through contracts with business associates, such as: practice consultants; quality assurance reviewers; and billing and transcription services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. Business associates are required, both legally and contractually, to appropriately safeguard your information.

Contacting You About Your Health: We may use and disclose health information to contact you, such as a reminder about an appointment or other treatment options at Polo Chiropractic Center.

Fundraising: If we are going to contact you as part of a fundraising effort, you will have a simple way to opt out of these contacts.

Individuals Involved in Your Care: We may disclose health information about you to a friend or family member who is involved in your care, unless you tell us in advance not to do so.

Other Laws: At times there may be federal, state or local laws that require us to use or disclose health information in other ways, or give you additional privacy protections. We will obey those laws.

Certain Situations Do Not Require Your Authorization

The following disclosures of your health information are permitted by law without any oral or written permission from you:

Public Health Activities: We may disclose health information about you for public health activities, including:

- * To prevent or control disease, injury or disability.
- * To report births and deaths.
- * To trace contacts or other mitigations during a disease outbreak or pandemic.
- * To report reactions to medications, problems with products or other adverse events.
- * To notify people of recalls of products they may be using.
- * To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- * To avert a serious threat to you or others. These disclosures would be made only to someone able to intervene.
- * To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- * As directed by health authorities during a wide-spread disease outbreak or pandemic, to take actions that would not normally be permitted in order to help limit the spread of the disease.
- * Immunization records to a school requiring such for entry, provided informal approval is given by a parent, guardian, or the patient if the patient is an adult or emancipated minor.
- * To Disaster Relief agencies (such as the Red Cross) for notification as to your location and condition.

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* If you are an organ donor, we may release health information to the organizations that handle the process, as necessary to facilitate the donation.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Worker's Compensation: We may release health information about you for worker's compensation or similar programs if you have a work related injury.

Health Oversight Activities: Polo Chiropractic Center may disclose health information to a health oversight agency for activities authorized by law. These include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may be required to disclose your health information in response to a court order, administrative order, subpoena, discovery request or other lawful process by someone involved in the dispute.

Law Enforcement: We may disclose health information to law enforcement officials as necessary:* In response to a court order, subpoena, warrant, summons or similar process.

* To identify or locate a suspect, fugitive, material witness or missing person.

* About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement.

* About a death we believe may be the result of criminal conduct.

* About criminal conduct at our facility.

* In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Health Records of Deceased Patients: We may disclose health information to a coroner or medical examiner, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral home directors as necessary to carry out their duties. We may disclose to relatives or close personal friends who were involved with the patient's care prior to death, health information relevant to their involvement. HIPAA privacy protections continue until 50 years after the patient's death.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Legal Requirements: We will disclose health information about you without your permission when required to do so by federal, state or local law.

Other Uses and Disclosures Require Your Authorization

Other uses and disclosures of health information not covered by this notice or applicable laws will be made only with your written permission (called "authorization"). If you do give authorization in some instance, you may revoke that authorization in writing at any time. Uses and disclosures of your personal information that require your authorization include marketing functions, and most disclosures that involve sale of health information.

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Your authorization is also required before we can use or disclose psychotherapy notes about you for any purpose other than basic treatment and healthcare operations.

Your Health Information Rights

You have the following rights concerning your health information:

- 1. Request a restriction on certain uses and disclosures of your information.** We may agree to your request but are not required by law to do so, with the one following exception (item 2)...
- 2. Restricting disclosures to health plan or insurance for treatment you pay for in full.** (The one exception to item 1 above) If you pay in full at the time of service and request we not disclose the information to your health plan or insurer, we must and will comply.
- 3. Obtain a copy of this Notice of Privacy Practices upon request.**
- 4. Inspect and/or request a copy of your health record.** You must make the request in writing, and we have 30 days to comply.
- 5. Request an amendment to your health record** if you feel the information is incorrect or incomplete. Polo Chiropractic Center may deny your request if, for instance, we believe it is accurate and complete as it stands.
- 6. Obtain an accounting of disclosures of your health information.** This will include the times when someone used or disclosed your health information other than the allowed common uses and disclosures, or uses and disclosures that you authorized.
- 7. Request communication of your health information by alternative means or locations.** For instance: an address or phone number other than your home.
- 8. Revoke a previously agreed upon authorization** except to the extent that action has already been taken.

For more information contact our privacy officer: Keith Webb, DC, 109 S Franklin Ave Polo IL 61064, (815) 297-3485 kwebb1092@gmail.com .

We reserve the right to change this notice, and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A copy of the current notice in effect will be available at Polo Chiropractic Center.

Effective Date: 8/25/2020

Acknowledgment of Receipt

Polo Chiropractic Center

NOTICE OF PRIVACY PRACTICES

By signing this page you acknowledge that you have received a copy of our Notice of Privacy Practices.

Name of Patient_____

Signature of Patient_____

(or Personal Representative)

Print Name of Personal Representative_____

(if not Patient)

Date Signed_____

Witnessed by_____

Effective Date: 8/25/2020