

Hoogeveen Chiropractic Wellness Clinic

PRIVACY NOTICE

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 you PHI.

Use and Disclosure of Information

1. The Practice may use and/or disclose your PHI for the purposes 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 lower back pain 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 payors, pursuant to their billing and payment requirements, such as Medicare. 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, such as Coventry or Mutual of Omaha.
- 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, such as to evaluate the performance of the Practice's personnel in providing care to you.

2. The Practice may also use and/or disclose your PHI in the following ways:

- 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 the 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 Practice in submitting claims.
- 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 ~ For the purpose of obtaining or rendering emergency care to you provided that the Practice attempts to obtain your acknowledgement of your Privacy Notice as soon as possible; or to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordination 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 acknowledgment of our Privacy Notice and the Practice determines, 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.

g. Abuse, Neglect or Domestic Violence ~ To a government authority if the Practice is required by law to make such a disclosure. If required, the Practice 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 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 lawfully issued subpoena

j. Law Enforcement Purposes ~ In certain instances, your PHI may have to be disclosed to a law enforcement official, such as when you PHI may be the subject of a grand jury subpoena. Or, the Practice may disclose your PHI if the Practice believes you death was the result of criminal conduct.

k. Coroner or Medical Examiner ~ The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining 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 governmental requirements intended to protect the privacy of you PHI.

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. Specialized Government Functions ~ This refers to disclosures of PHI that relate primarily to military and veteran activity.

p. Workers' Compensation ~ If you are involved in a Workers' Compensation claim, the Practice may be required to disclose you PHI to and individual or entity that is part of the Workers' Compensation system.

q. National Security and Intelligence Activities ~ The Practice may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.

r. Military and Veterans ~ If you are a member of the armed forces, the Practice may disclose your PHI as required by the military command authorities.

Appointment Reminders and Birthday Cards

The Practice may, from time to time, contact you to provide appointment reminders, birthday cards, or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The following may be used by the Practice: ☐ A postcard mailed to you at the address provided by you ☐ A telephone call to your home and leaving a message on your answering machine or with the individual answering the phone, and if needed to the work number provided.

Facsimile Transmissions

The Practice may from time to time transmit information about you to insurers, other health care professionals and providers, and appropriated governmental agencies utilizing facsimile transmissions.

Incidental Disclosure

The Practice uses various procedures that aid in rendering care to patients. These may include the signing of your route slip to verify that you received care that day, and other things such as a printed version of the doctor's schedule, and the computer screen that may have a small amount of your PHI visible. It is a necessary part of your care that our staff has access to this information. The Practice takes all reasonable measures to protect the patient's PHI, however, this means that small amounts of your PHI may, during the course of our day, be accessible to other patients in our office. Also, other patients may overhear

your name, and other conversations you carry out with the staff and/or doctor while in their presence. This is understood as incidental disclosure and is acceptable for the proper care of the individual and the efficient working of the Practice.

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 person's involvement with your care or the payment for your care. The Practice may also use or disclose your PHI to notify or assist in the notification (including identifying or location) 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: ☐ 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. ¶ 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 described above, will be made only with your written Authorization.

Your Rights

You have the right to:

1. Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
2. Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Practice is not obligated to agree to any 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 the emergency treatment.
3. Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Privacy Officer, and the Practice will accommodate all reasonable requests.
4. Inspect and copy you PHI as provided by law. To inspect and/or copy your PHI, you must submit a written request to the Privacy Officer. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, the Practice may deny you request, but you will have the right to have the denial reviewed as set forth more fully the written denial notice.
5. Amend you PHI as provided by law. To request an amendment, you must submit a written request to the 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 is not part of your PHI maintained by the Practice, if the information is not part of 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.

6. Receive an accounting of disclosures of you PHI as provided by law. To request an accounting, you must submit a written request to the Privacy Officer. The request must state a time period that may not be longer than six (6) years, or before the Practice's Start of July 1999, which ever is shorter, and may not include dates prior to April 14th, 2003. The requests should indicate in what form you want the list (such as paper or electronic is available). The first list you request within a twelve (12) month period will be free, but the Practice may charge you for the cost of providing additional lists. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

7. Receive a paper copy of this Privacy Notice from the Practice upon request to the Privacy Officer.

8. Complain to the Privacy Officer or to the Secretary of HHS if you believe your privacy rights have been violated. To file a complaint with the Practice, you must contact the Privacy Officer and all complaints must be in writing.

9. To obtain more information on, or have your questions about your rights answered, you may contact the Privacy Officer, Dr. Gregg Hoogeveen, at 2206 Longo Dr. #208, Bellevue, NE 68005.

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Practice's Requirements

The Practice:

1. Is required by federal law to maintain the privacy of your Private Health Information (PHI) and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.
2. Is required to maintain a higher level of confidentiality with respect to certain portions of your medical information that is provided for under federal law if the Practice's State Law mandates it.
3. Is required to abide by the terms of this Privacy Notice.
4. Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
5. Will make available to you any revised Privacy Notice prior to its implementation.
6. Will not retaliate against you for filing a complaint.

Practices Privacy Official The Practice's Privacy Official is Dr. Gregg Hoogeveen, and can be contacted by mail at: 1301 Fort Crook Road South Bellevue, NE 68005

Effective Date: This notice is in effect as of April 14th, 2003.