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## PRIVACY NOTICE

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**This notice describes how medical information about you may be used and disclosed by us and how you can get access to that information.**

**Please review this notice carefully.**

Quantum Chiropractic (hereafter referred to as “we” or “us”) 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 us. Our creation of a record detailing the care and services you receive helps us 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 your PHI.

### **CONSENT**

We may use and/or disclose your PHI provided that we first obtains a valid Consent signed by you. The Consent will allow us to use and/or disclose your PHI for the purposes of:

1. **Treatment** – In order to provide you with the health care you require, we will provide your PHI to those health care professionals, whether on our staff or not, directly involved in your care, so that they may understand your health condition and needs. For example, a doctor treating you for lower back pain may need to know the results of your latest physical examination by us.
2. **Payment** – In order to get paid for services we have provided to you, we will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, we may need to provide the Medicare program or an insurance company with information about health care services that you received from us so that we can be paid for health care services provided to you. We 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 those treatment expenses.
3. **Health Care Operations** – In order for we to operate in accordance with applicable law and insurance requirements and in order for us to continue to provide quality health care to you, it may be necessary for us to compile, use and/or disclose your PHI. For example, we may use your PHI in order to evaluate the performance of our personnel in providing care to you.

## **NO CONSENT REQUIRED**

We may use and/or disclose your PHI, without a written consent from you, in the following instances:

1. **De-identified Information** – Information that does not identify you and, even without your name, cannot be used to identify you.
2. **Business Associate** – To a business associate if we first obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists us in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.
3. **Personal Representative** – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. **Emergency Situations** –
  1. for the purpose of obtaining or rendering emergency treatment to you provided that we attempt to obtain your consent as soon as possible; or
  2. to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.
5. **Communication Barriers** – If, due to substantial communication barriers or an inability to communicate, we have been unable to obtain your consent and we determine, in the exercise of our professional judgment, that your consent to receive treatment is clearly inferred from the circumstances.
6. **Public Health Activities** - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease.
7. **Abuse, Neglect or Domestic Violence** - To a government authority if we are required by law to make such disclosure. If we are authorized by law to make such a disclosure, we will do so if it believes that the disclosure is necessary to prevent serious harm.
8. **Health Oversight Activities** - Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.
9. **Judicial and Administrative Proceeding** - For example, we may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
10. **Law Enforcement Purposes** - In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, we may disclose your PHI if we believe that your death was the result of criminal conduct.

11. **Coroner or Medical Examiner** - We may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.
12. **Organ, Eye or Tissue Donation** - If you are an organ donor, we may disclose your PHI to the entity to whom you have agreed to donate your organs.
13. **Research** - If we are involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI.
14. **Avert a Threat to Health or Safety** - We may disclose your PHI if we believe 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.
15. **Specialized Government Functions** - This refers to disclosures of PHI that relate primarily to military and veteran activity.
16. **Workers' Compensation** - If you are involved in a Workers' Compensation claim, we may be required to disclose your PHI to an individual or other entity that is part of the Workers' Compensation system.
17. **National Security and Intelligence Activities** – We may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.
18. **Military and Veterans** – If you are a member of the armed forces, we may disclose your PHI as required by the military command authorities.

#### **APPOINTMENT REMINDER**

We may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The following appointment reminders are used by us:

1. a text or voicemail to you at the cellular number provided by you; and
2. telephoning your home and leaving a message on your answering machine or with the individual answering the phone.

#### **SIGN-IN SHEET**

We maintain a sign-in sheet for individuals seeking care and treatment in our office. Our directory and sign-in sheet are located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within our office. This information may be seen by, and may be accessible to others who are seeking care or services in the Practice's offices.

## **FAMILY/FRIENDS**

We 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. We may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) 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:

1. If you are present at or prior to the use or disclosure of your PHI, we 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.
2. If you are not present, we will, in the exercise of our professional judgment, determine whether the use or disclosure is in your best interests 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 those described above, will be made only with your written Authorization.

## **YOUR RIGHTS**

You have the right to:

1. Revoke any Authorization and/or Consent, in writing, at any time. To request a revocation, you must submit a written request to our Privacy Officer.
2. Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, we are not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to our Privacy Officer. In your written request, you must inform us of what information you want to limit, whether you want to limit our use or disclosure, or both, and to whom you want the limits to apply. If we agrees to your request, we will comply with your request unless the information is needed in order to provide you with emergency treatment.
3. Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to our Privacy Officer. We will accommodate all reasonable requests.
4. Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to our Privacy Officer. We 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, we may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.

5. Amend your PHI as provided by law. To request an amendment, you must submit a written request to our office. You must provide a reason that supports your request. We 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 us (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by us, 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 our denial, you will have the right to submit a written statement of disagreement.
6. Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to our office. The request must state a time period which may not be longer than six (6) years. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve (12) month period will be free, but we may charge you for the cost of providing additional lists. We 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 us upon request to our office.
8. Complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, you must contact our office. All complaints must be in writing.
9. To obtain more information on, or have your questions about your rights answered, you may contact our office.

## **OUR REQUIREMENTS**

We:

1. Are required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing our legal duties and privacy practices with respect to your PHI.
2. May be required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information than that provided for under federal law.
3. Are required to abide by the terms of this Privacy Notice.
4. Reserve the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that we maintain.
5. Will distribute any revised Privacy Notice to you prior to implementation.
6. Will not retaliate against you for filing a complaint.

## **EFFECTIVE DATE**

This Notice is in effect as of 1/1/2012.