

Privacy/HIPPA Practices

Rules and regulations that protect your information

NOTICE OF PRIVACY PRACTICES

SIMSBURY CHIROPRACTIC AND WELLNESS CENTER

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.

Simsbury Chiropractic and Wellness Center is required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. Starling Physicians will not use or disclose your health information except as described in this notice. This notice applies to all of the medical records generated by Starling Physicians.

YOUR RIGHTS REGARDING USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION:

The following categories describe the ways that Simsbury Chiropractic and Wellness Center may use and disclose your health information.

Treatment: Simsbury Chiropractic and Wellness Center will use your health information in the provision and coordination of your health care. We may disclose all or any portion of your medical record information to your referring physician, consulting physician(s), nurses, and other health care providers who have a legitimate need for such information in the care and continued treatment of you, as a patient.

Family/Friends: Medical information may also be disclosed to other people involved in your medical care, such as family members, friends, clergy, and others who provide services that are part of your care. We may also give information to someone who helps pay for your care.

Treatment Alternatives: Simsbury Chiropractic and Wellness Center: may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Payment: Simsbury Chiropractic and Wellness Center may release medical information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record, which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the imaging procedures you had.

Routine Healthcare Operations: Simsbury Chiropractic and Wellness Center may use and disclose your medical information during routine health care operations, including those for quality assurance, compliance programs, utilization review, medical review, internal auditing, accreditation, certification, licensing, credentialing, training, peer review, case management activities, coordination of care, referrals to other providers, legal services, and business planning.

Communications: Simsbury Chiropractic and Wellness Center may use and disclose medical information to contact you by telephone or mail and remind you of an appointment for an examination or care, to ask you for information necessary to appropriately schedule and perform an examination, to give you information or instructions about your examination, or to give you the results

of your examination.

Health-Related Business and Services: Simsbury Chiropractic and Wellness Center may use and disclose your medical information to tell you of health-related benefits or services that may be of interest to you.

Business Associates: Simsbury Chiropractic and Wellness Center may use and disclose certain medical information about you to its Business Associates. A Business Associate is an individual or entity under contract with Simsbury Chiropractic and Wellness Center to perform or assist Simsbury Chiropractic and Wellness Center in the performance of functions or activities that necessitate the use and disclosure of medical information. Examples of Business Associates include, but are not limited to, third-party billing companies, medical transcriptionists, imaging archival companies, medical record copying services, companies hired to destroy or dispose of outdated medical records and imaging studies, lawyers, accountants, and consultants. Simsbury Chiropractic and Wellness Center requires its Business Associate to protect the confidentiality of your medical information.

Research: Under certain circumstances, Simsbury Chiropractic and Wellness Center may use and disclose medical information about you to researchers when the clinical research study has been approved by a review board. While most clinical research studies require specific patient consent, there are some instances where a retrospective records review with no patient contact may be conducted by such researchers. For example, the research project might involve a review of how well a particular disease was detected on various modalities.

Marketing: Simsbury Chiropractic and Wellness Center may disclose certain contact information to a third party to provide marketing materials and information related to health care services to you. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participate in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation that covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

Sale of Health Information: Simsbury Chiropractic and Wellness Center will not sell your health information without your prior written authorization. The authorization will disclose that we receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

Fundraising: Simsbury Chiropractic and Wellness Center may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

Regulatory Agencies: Simsbury Chiropractic and Wellness Center may disclose your medical information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations, and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights.

Law Enforcement: Simsbury Chiropractic and Wellness Center may disclose your medical information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Public Health: As required by law, Simsbury Chiropractic and Wellness Center may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, the law requires reporting cases of tuberculosis and cases of suspected child abuse.

Workers Compensation: Simsbury Chiropractic and Wellness Center may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Military Veterans: Simsbury Chiropractic and Wellness Center may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

Inmates: If you are an inmate of a correctional institute or under the custody of a law enforcement officer, Simsbury Chiropractic and Wellness Center may release your medical record information to the correctional institute or law enforcement official.

Required by Law: Simsbury Chiropractic and Wellness Center will disclose medical information about you when required to do so by law.

Coroners, Medical Examiners, Funeral Directors: Simsbury Chiropractic and Wellness Center may release your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. Simsbury Chiropractic and Wellness Center may also release your medical information to general directors as necessary to carry out their duties.

Other Uses: Any other uses and disclosures will be made only with your written authorization.

PATIENT HEALTH INFORMATION RIGHTS:

Although all of your records and imaging data at Simsbury Chiropractic and Wellness Center are the property of Simsbury Chiropractic and Wellness Center, you have the following rights concerning your medical information.

Right to Confidential Communications: You have the right to receive confidential communications of your medical information by alternative means or at alternative locations. For example, you may request in writing that Simsbury Chiropractic and Wellness Center only contact you at work or by mail.

Right to Inspect and Copy: You have the right to inspect and copy your medical information as provided by 45 CFR § 164.524. Copying fees will be charged.

Right to Amend: You have the right to request amendment of your medical information as provided by 45 CFR § 164.526. Starling Physicians requires completion of a written amendment request, including your reason for the requested amendment.

Right to an Accounting: You have the right to obtain a statement of the disclosures of your medical information made for purposes other than treatment, payment, and health care operations, as provided by 45 CFR § 164.528. The request must be in writing.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your medical information as provided by 45 CFR § 164.522. However, Starling Physicians is not required to agree to honor your request.

Right to Receive Copy of this Notice: You have the right to receive a paper copy of this Notice, upon request.

Right to Revoke Authorization: You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization.

SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE, AND HIV-RELATED INFORMATION:

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restriction may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special Authorization or if a court orders the disclosure.

Psychiatric Information: If needed for your diagnosis or treatment in a mental health program, psychiatric information may be disclosed based upon your general Authorization, and limited information may be disclosed for payment purposes. Otherwise, we will not disclose records relating to a diagnosis or treatment of a mental condition between the patient and the psychiatrist or which are prepared at a mental health facility without specific written Authorization or as required or permitted by law. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

HIV-Related Information: HIV-related information will not be disclosed, except under limited circumstances set forth under State or Federal law, without your specific written Authorization. A general authorization for release of medical or other information will not be sufficient for purposes of releasing HIV-related information. As required by Connecticut law, if we make a lawful disclosure of HIV-related information, we will enclose a statement that notified the recipient of the information that they are prohibited from further disclosing the information.

Substance Abuse Treatment: If you are treated in a specialized substance abuse program, information which could identify you as an alcohol or drug-dependent patient will not be disclosed without your specific Authorization except for purposes of treatment, or where specifically required or allowed under State or Federal law.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

You may also file a complaint with:

Office for Civil Rights

US Department of Health and Human Services

Government Center

J.F. Kennedy Federal Building – Room 1875

Boston, Massachusetts, 02203

Voice Phone: (617)565-1340

FAX: (617) 565-3809

TDD: (617) 565-1343

All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE:

Simsbury Chiropractic and Wellness Center will abide by the terms of the Notice currently in effect. Simsbury Chiropractic and Wellness Center reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. If the Notice revision reflects a change in the subsequent potential uses and disclosures of your health information, Simsbury Chiropractic and Wellness Center will mail any revised Notice (prior to implementation of same) to the address for you on file with or such other address as you may designate in writing from time to time, unless federal regulations do not require a mailing on revision.

NOTICE EFFECTIVE DATE: The effective date of this Notice is April 14, 2003.

NOTICE REVISION DATE: September 1, 2012; Privacy Officer: Name update

NOTICE REVISION DATE: September 23, 2013; Updated for HIPAA regulations