

# HIPAA Notice

This joint HIPAA Notice is effective July 12, 2018.

**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.**

**WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU.**

Oasis Chiropractic, P.A. and CG wellness Inc., DBA Oasis Wellness Center (collectively referred to as “Oasis” and “We”) are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Joint Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are required by law to notify you following a breach of unsecured protected health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at this Clinic’s main phone number to obtain a copy of the current Notice).

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at this Clinic’s main phone number.

## **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This

section then briefly mentions several other circumstances in which we may use or disclose medical information about you.

For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at this Clinic's main phone number.

**1. Treatment**

We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. We may also use your information to 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.

**2. Payment**

We may use and disclose medical information about you to obtain payment for health care services that you received. This means that We may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

**3. Healthcare Operations**

We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for intern students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.

- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

#### **4. Persons Involved in Your Care**

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at this Clinic's main phone number.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

#### **5. Required by Law**

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse, domestic violence, or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

#### **6. National Priority Uses and Disclosures**

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances, it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at this Clinic's main phone number.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse, domestic abuse, and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease, we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency which is an agency responsible for overseeing the health care system or certain government programs such as audits, investigations, and inspections.
- **Court proceedings:** We may disclose medical information about you to a court hearing, administrative hearing or an officer of the court pursuant to a lawful court order or subpoena.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes.
- **Coroners, medical examiners, funeral directors, and organ donor organizations:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation and Research Purposes:** We may disclose medical information about you in order to comply with workers' compensation laws. Research organizations: We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

## 7. Authorizations

Other than the uses and disclosures described above in paragraphs 1 through 6, we will not use or disclose medical information about you without the "authorization" or signed permission of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. For example, Oasis will obtain your written consent if it wishes to use your protected health information to contact you with educational and promotional items in the future via email, U.S. Mail, telephone,

fax, e-mail, text, other electronic communications and/or prerecorded messages.

By federal law, we must obtain authorization by you: (1) to use or disclose most medical notes, (2) for most marketing and (3) for fundraising purposes, or if we seek to sell your medical information. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

## **YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU**

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer named in this statement at this Clinic's main phone number.

### **1. Right to a Copy of This Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at this Clinic's main phone number.

### **2. Right of Access to Inspect and Copy**

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

*We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.*

### **3. Right to Have Medical Information Amended**

You have the right to have us amend which means correct or supplement medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to

indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

#### **4. Right to an Accounting of Disclosures We Have Made**

You have the right to receive an accounting which means a detailed listing of certain disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or contact our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that records include disclosures for treatment, payment or health care operations. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

#### **5. Right to Request Restrictions on Uses and Disclosures**

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. We are not required to agree with your request for a restriction on the use and disclosure of your medical information. However, under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a health care item or service for which the health care provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

#### **6. Right to Request Confidential Communication or an Alternative Method of Contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for confidential communications or alternative methods of contact. We will not ask you the reason for the request. If you would like to request a confidential communication or an alternative method of contact, you must provide us with a request in writing

## **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

**We will not take any action against you or change our treatment of you in any way if you file a complaint.**

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, Dr. Alex Sheppard, Oasis Chiropractic, P.A., 7424 E. Point Douglas Rd. S., Cottage Grove, MN 55016, [dralex@cottagegrovechiro.com](mailto:dralex@cottagegrovechiro.com) or by phone at (651) 458-5565.

To file a written complaint with the federal government, please use the following contact information:

### **U.S. Department of Health and Human Services**

Office for Civil Rights  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

**Toll-Free Phone:** (800) 368-1019

**TDD Toll-Free:** (800) 537-7697

**Website:** <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

**Email:** [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)