

April 14, 2003

## Mirando Chiropractic Center

# NOTICE OF PRIVACY PRACTICES

**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.**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include: setting up an appointment; referring you to another doctor or x-ray facility; or getting copies of your health information from another professional that you may have seen before us.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. Examples of this would include: asking you or your insurance company about your health care benefits; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency).
- **Health Care Operations** means those administrative and managerial functions that we have to do in order to run our office. Examples of this are: financial or billing audits; internal quality assurance; personnel decisions; defense of legal matter; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside our office for these reasons, we usually will not ask you for special written permission.

In addition, we will use and disclose your protected health information when we are required to do so by federal, state or local law. We may disclose your protected health information for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices. We will release your protected health information if requested by a law enforcement official for any circumstance required by law; or to governmental authorities about victims of suspected abuse, neglect, or domestic violence. We may release your protected health information for health oversight activities, such as for the licensing of doctors; for audits by Medicare; or for investigation of possible violations of health care laws. We may release your protected health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death; or to a funeral director to aid in burial; or to organizations that handle organ or tissue donations. We may use and disclose your protected health information when necessary to prevent a serious threat to health and safety; or for health related research. We may disclose your protected health information for uses of disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service. We may release your protected health information for workers' compensation and similar programs. We may release your protected health information for incidental disclosures that are an unavoidable by-product of permitted uses or disclosures; or to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information. Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your health care.

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we may mail you an appointment reminder, and/or leave you a reminder message on your home/office answering machine or with someone who answers your phone if you are not home or at your office.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

- **The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.**
- **The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.**
- **The right to access, inspect and copy your protected health information.**

- **The right to request an amendment to your protected health information.**
- **The right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.**
- **The right to obtain a paper copy of this notice from us upon request.**

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

**For more information about our Privacy Practices, please contact:**

Scott Holland  
Office Manager  
Mirando Chiropractic Center  
4530 Connecticut Avenue, N.W.  
Suite 101  
Washington, D.C. 20008  
202/244-4444

**For more information about HIPAA or to file a complaint:**

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
877-696-6775 (toll-free)