

## **THAMES CHIROPRACTIC CENTER P.C. – NOTICE OF PRIVACY PRACTICES**

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 you receive from this Practice. The creation of a record detailing your care and services you receive helps this office 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. The privacy of PHI in patient files will be protected when the files are taken to and from the Practice by placing the files in a box or brief case and kept within the custody of a doctor or employee of the Practice authorized to remove the files from the Practice’s Office. It may be necessary to take the patient files to a facility where the patient is to be examined or treated.

### **NO CONSENT REQUIRED**

The practice may use and/or disclose your PHI for the purpose of:

- a) Treatment – In order to provide you with your health care you require, the Practice will provide your PHI to those healthcare professionals, whether on the Practice’s staff or not, directly involved in your care so that they may understand your health conditions and needs. For example, a physician treating you for a condition or disease may need to know the results of your latest physician exam by the office.
- b) Payment – In order to get paid for the 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. For example, the Practice may need to provide the Medicare program with information about health care services that you received from the Practice so that the Practice may be properly reimbursed. 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.
- 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. For example, the Practice may use your PHI in order to evaluate the performance of the Practice’s personnel in providing care to you.
  1. The practice may use and/or disclose your PHI, without written consent from you, in the following instances:
    - 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 applicable law, that the business associate will appropriately safeguard you PHI. A business associate is an entity that assists the office in submitting claims for payment to insurance companies or other payors.
    - 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 treatment to you provided that the Practice attempts to obtain your consent as soon as possible; or to a public 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.

e) Communication Barriers – If, due to substantial communication barriers or inability to communicate, the Practice had been unable to obtain your consent and the practice determines, in the exercise of its professional judgement, 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 and that does not identify you and, even without your name, cannot be used to identify you.

g) Abuse, Neglect or Domestic Abuse – To a government authority if the Practice is required by law to make such disclosure; if the Practice is authorized by law to make such a disclosure, it 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, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the communities health care system.

i) Judicial and Administrative Proceedings – 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. For example, your PHI may be the subject of a grand jury subpoena. Or, the Practice may disclose your PHI if the Practice believes that your 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 your PHI and that does not identify you and, even without your name, cannot be used to identify you.

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 disclosure is to an individual who is reasonably able to prevent or lessen the threat.

o) Worker's Compensation – If you are involved in a Worker's Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Worker's Compensation system.

## APPOINTMENT REMINDERS

The Practice may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or health related benefits and services that may be of interest to you. The following appointment reminders are used by the Practice: a) a postcard mailed to you at the address provided by you; and b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone.

## MAILINGS

The Practice may, from time to time, send out mailings to you. The following mailings may be used by the Practice: a) a post card to you at the address provided by you to celebrate your birthday; b) a flyer to you at the address provided by you for a special event or office service enhancements; c) a holiday mailing to you at the address provided by you offering services to friends or family members.

## PATIENT TREATMENT CARDS AND OR FILES

The Practice makes use of exterior records compartments outside treatment rooms for travel cards and/or files belonging to the patients awaiting treatment. These are located in a position where doctors and staff can readily see who is seeking care in the room, as well as the individual's location within the Practice's office suite. This information may be seen by, and is accessible to, others who are seeking care or services in the Practice's office.

## 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 of your care. The Practice 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:

a) 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 judgement, that you do not object to the use or disclosure.

b) If you are not present, the Practice will, in the exercise of professional judgement, 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

1. You have the right to:

a) Revoke any Authorization and/or Consent, in writing, at any time and to request a revocation, you must submit a written request to the Practice's COMPLIANCE OFFICER.

b) Request restrictions on certain uses 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 COMPLIANCE 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 to provide you with emergency treatment.

c) Receive confidential communications or PHI by alternative means or at alternative locations, you must make your request in writing to the Practice's COMPLIANCE OFFICER. The Practice will accommodate all reasonable requests.

d) Inspect and obtain a copy of your PHI as provided by law. To inspect and copy your PHI, you are requested to submit a written request to the Practice's COMPLIANCE OFFICER. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request.

e) Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's COMPLIANCE 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 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.

f) Receive an accounting of disclosure of your PHI as provided by law. The request should indicate in what form you want the list (such as a paper or electronic copy)

g) Receive a paper copy of this Privacy Notice from the Practice upon request to the Practice's COMPLIANCE OFFICER.

h) Complain to the Practice or to the Office Of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, 202/619-0257. To file a complaint with the Practice, you must contact the Practice's COMPLIANCE OFFICER. All complaints must be made in writing.

i) To obtain more information on, or have your questions about your rights answered; you may contact the Practice's COMPLIANCE OFFICER – Gregory Brunelle D.C. at 12 Case St. Ste 312, Norwich CT 06360 or via [thameschiropractic@hotmail.com](mailto:thameschiropractic@hotmail.com).

## PRACTICE REQUIREMENTS

### 1. The Practice:

- a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.
- b) Is required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information that is provided for under federal law. In particular, the Practice is required to comply with the following State statutes: Section 381.004 relating to HIV testing, Chapter 384 relating to sexually transmitted diseases and section 456.057 relating to patient records ownership, control and disclosure.
- c) Is required to abide by the terms of this Privacy Notice
- d) Reserves 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 it maintains.
- e) Will distribute any revised Privacy Notice to you prior to implementation.
- f) Will not retaliate against you for filing a complaint.

## QUESTIONS AND COMPLAINTS

You may obtain additional information about our privacy practices or express concerns or complaints to the person identified below whom the COMPLIANCE OFFICER and Contact person is appointed for this practice. The COMPLIANCE OFFICER is - Gregory Brunelle D.C. You may file a complaint with the COMPLIANCE OFFICER if you believe that your privacy rights have been violated relating to release of your protected health information. You may, also, submit a complaint to the Department of Health and Human Services the address of which will be provided to you by the COMPLIANCE OFFICER. We will not retaliate against you in any way if you file a complaint.

## EFFECTIVE DATE

This Notice is effective as of September 21, 2016.