



Notice of Privacy Practices for Protected Health Information East End Chiropractic, PLLC

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can gain access to your individually identifiable health information (IIHI).

East End Chiropractic is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

A. Our Commitment To Your Privacy

Our practice is dedicated to maintaining the privacy of your individually identifiable health information. In conducting our business, we will create records regarding you and your treatment and the services we provide for you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice regarding your IIHI.

B. Uses and Disclosures of Protected Health Information

The following categories describe the different ways in which we may use and disclose your IIHI.

1. **Treatment.** Information obtained by a physician or other member of our health care team will be recorded in your health record and used to help decide what care may be right for you. Our practice may also provide information to others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.
2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment and health status to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may also be responsible for such costs, such as family members or insurance companies. Also, we may use your IIHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. For example, our practice may use your IIHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice.
4. **Appointment Reminders.** Our practice may use and disclose your IIHI to contact you (or to leave a recorded message) to remind you of an upcoming appointment.
5. **Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives. E.g. our doctor may discuss your case with an orthopedic surgeon he would like to refer you to.

6. **Health Related Benefits and Services.** Our practice may use and disclose your IHI to inform you of health-related benefits or services that may be of interest to you.
7. **Disclosures Required by Law.** Our practice may use and disclose your IHI when we are required to do so by federal, state or local law.

C. Uses and Disclosures of Your IHI in Certain Special Circumstances

The following categories describe unique circumstances in which we may use or disclose your IHI.

1. **Public Health Risks.** Our practice may disclose your IHI to public health authorities that are authorized by law to collect information for the purpose of
 - a. Maintaining vital records, such as births and deaths
 - b. Reporting child abuse or neglect
 - c. Preventing or controlling disease, injury or disability
 - d. Notifying a person regarding potential exposure to a communicable disease
 - e. Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - f. Reporting reactions to drugs or problems with products or devices
 - g. Notifying individuals if a product or device they may have been using has been recalled
 - h. Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of a patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - i. Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health and Safety Oversight Agencies.** Our practice may disclose your IHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Law Enforcement and Lawsuits.** Our practice may use and disclose your IHI for law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
4. **Deceased patients.** Our practice may use and disclose your IHI to Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
5. **Research.** We may disclose your IHI to health researchers—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with health researchers preparing to conduct a research project.
6. **Serious Threats to Health and Safety.** Our practice may use and disclose your IHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
7. **Military.** Our practice may use and disclose your IHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
8. **National Security.** Our practice may disclose your IHI to federal officials for intelligence and national security activities authorized by law.

9. **Inmates.** Our practice may disclose your IIHI to correctional institutions if you are an inmate or under the custody of a law enforcement official. Disclosure will be given as necessary for your health and the health and safety of others.
10. **Workers Compensation.** Our practice may release your IIHI for workers compensation and similar programs.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that East End Chiropractic is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that East End Chiropractic amend your protected health information. Please be advised, however, that East End Chiropractic is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by East End Chiropractic.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Change of Ownership.

In the event that East End Chiropractic, PLLC is sold or merged with another organization, your health information/record will become the property of the new owner.

Changes to this Notice of Privacy Practices

East End Chiropractic, PLLC reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Until such amendment is made, East End Chiropractic, PLLC is required by law to comply with this notice. If you have questions about any part of this notice or if you would like more information about your privacy rights, please contact the office manager by calling this office at (615) 650-6533.