

## NOTICE OF PRIVACY PRACTICES



**This Notice describes how your protected health information (PHI) may be used and disclosed and details your right to access and restrict access to this information**

### ***PLEASE REVIEW IT CAREFULLY***

Freitag Family Chiropractic LLC is required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of the Notice currently in effect, though we reserve the right to amend the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. Upon your request, we will provide you with any revised Notice of Privacy Practices or you may obtain a copy by accessing our website at [www.freitagfamilychiropractic.com](http://www.freitagfamilychiropractic.com) or sending an email to [drgreg@freitagfamilychiropractic.com](mailto:drgreg@freitagfamilychiropractic.com) or asking for one at the time of your next appointment.

This Notice of Privacy Practices and Policies outlines our practices, policies and legal duties to maintain confidentiality and protect against prohibited disclosure of protected health information ("PHI") under the privacy regulations mandated by the Health Insurance Portability and Accountability Act ("HIPAA") and further expanded by the Health Information Technology for Economic Clinical Health Act ("HITECH").

PHI includes your demographic information such as name, address, telephone number, and family; past, present, or future information about your physical or mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you. Your PHI may be maintained by us electronically and/or on paper.

This Notice describes uses and disclosures of PHI to which you have consented, that you may be asked to authorize in the future, and that are permitted or required by state or federal law. Also, it advises you of your rights to access and control your PHI.

We regard the safeguarding of your PHI as an important duty. The elements of this Notice and any authorizations you may sign are required by state and federal law for your protection and to ensure your informed consent to the use and disclosure of PHI necessary to support your relationship with us.

#### **Safeguarding Your PHI Within Our Practice**

We have in place appropriate administrative, technical, and physical safeguards to protect and to secure the privacy and security of your PHI. We orient our staff to the regulations and policies developed to protect the privacy of your PHI, and review their obligation to maintain privacy and security. We hold medical records in a secure area within our clinics, and our electronic medical record system is monitored and updated to address security risks in compliance with the HIPAA Security Rule. Only staff members who have a legitimate "need to know" are permitted access to your medical records and other PHI. Our staff understands the legal and ethical obligation to protect your PHI and that a violation of this Notice of Privacy Practices and Policies may result in disciplinary action in accordance with our Compliance policies.

#### **Uses and Disclosures of PHI**

As part of our registration materials, we will request your written consent for our practice to use and disclose your PHI for the following types of activities:

- **Treatment:** Treatment means the provision, coordination, or management of your health care and related services by our clinic and the providers involved in your care. It includes the coordination or management of health care by a provider with a third party insurance carrier, communication with lab or imaging providers for test results, consultation between our clinical staff and other health care providers relating to your care, or our referral of you to a specialist provider or facility.

- **Payment:** Payment means our activities to obtain reimbursement for the services provided to you, including billing, claims management, and collection activities. Payment also may include your insurance carrier's efforts in determining eligibility, claims processing, assessing medical necessity, and utilization review. Payment may also include activities carried out on our behalf by one or more of our collection agencies or agents in order to secure payment on delinquent bills.
- **Operations:** Health care operations mean the legitimate business activities of our practice. These activities may include quality assessment and improvement activities; fraud & abuse compliance; business planning & development; and business management & general administrative activities.

### **Electronic Exchange of PHI**

We may transfer your PHI to other treating health care providers electronically.

### **Uses and Disclosures of PHI Based Upon Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your specific written authorization. This allows you to request that we disclose limited PHI to specified individuals or companies for a defined purpose and timeframe. For example, you may wish to authorize disclosures to individuals who are not involved in treatment, payment, or health care operations, such as a family member or a school physical education program. If you wish us to make disclosures in these situations, we will ask you to sign an authorization allowing us to disclose this PHI to the designated parties.

### **Uses and Disclosures of PHI Permitted or Required by Law**

In some circumstances, we may be legally bound to use or disclose your PHI without your consent or authorization. State and federal privacy law permit or require such use or disclosure regardless of your consent or authorization in certain situations, including, but not limited to:

- **Emergencies:** If you are incapacitated and require emergency treatment, we will use and disclose your PHI to ensure you receive the necessary services. We will attempt to obtain your consent as soon as practical following your treatment.
- **Others Involved in Your Healthcare:** Upon your verbal authorization, we may disclose to a family member, close friend or other person you designate only that PHI that directly relates to that individual's involvement in your healthcare and treatment. We may also need to use PHI to notify a family member, personal representative or someone else responsible for your care of your location and general condition.
- **Communication Barriers:** If we try but cannot obtain your consent to use or disclose your PHI because of substantial communication barriers and your clinician, using his or her professional judgment, infers that you consent to the use or disclosure, or the physician determines that a limited disclosure is in your best interests, we may permit the use or disclosure.
- **Required by Law:** We may disclose your PHI to the extent that its use or disclosure is required by law. This disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **Public Health/Regulatory Activities:** We may disclose your PHI to an authorized public health authority to prevent or control disease, injury, or disability or to comply with state child or adult abuse or neglect law. We are obligated to report suspicion of abuse and neglect to the appropriate regulatory agency.
- **Food and Drug Administration:** We may disclose your PHI to a person or company as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations as well as to track product usage, enable product recalls, make repairs or replacements or to conduct post-marketing surveillance.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for audits, investigations, inspections, and other activities necessary for the appropriate oversight of the health care system and government benefit programs such as Medicare and Medicaid.

- **Judicial and Administrative Proceedings:** We may only disclose your PHI in the course of any judicial or administrative proceeding in response to a court order expressly directing disclosure, or in accordance with specific statutory obligation compelling us to do so, or with your permission.
- **Law Enforcement Activities:** We may not disclose your PHI to a law enforcement officer for law enforcement purposes without court order, statutory obligation or patient authorization.
- **Coroners, Medical Examiners, Funeral Directors and Organ Donation Organizations:** We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other lawful duties. We also may disclose your PHI to enable a funeral director to carry out his or her lawful duties. PHI may also be disclosed to organ banks for cadaveric organ, eye, bone, tissue and other donation purposes.
- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. By performing research, we learn new and better ways to diagnose and treat conditions. For example, a research project may involve comparing the health and recovery of all patients who received one type of treatment to those who received another for the same condition. All such research projects, however, are subject to a special review and approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose health information for research, the project will have been approved through this research approval process. In some cases, your authorization would be required. In other cases it may not, where the review process determines that the project creates no more than a minimal risk to privacy, obtaining your authorization would not be practical and the researchers show they have a plan to protect the information from any improper use or disclosure. And if a research project can be done using medical data from which all the information that identifies you (such as your name, social security number and medical record number) has been removed, we may use or release the data without special approval. We also may use or release data for research with a few identifiers retained—dates of birth, admission and treatment, and general information about the area where you live (not your address), without special approval. However, in this case we will have those who receive the data sign an agreement to appropriately protect it. In the event that you participate in a research project that involves treatment, your right to access health information related to that treatment may be denied during the research project so that the integrity of the research can be preserved. Your right to access the information will be reinstated upon completion of the research project.
- **Serious Threats to Health or Safety:** We may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Military Activity and National Security:** We may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your PHI to certain federal officials for lawful intelligence and other national security activities.
- **Worker's Compensation:** We may disclose your PHI as authorized to comply with worker's compensation law.
- **US Department of Health and Human Services:** We must disclose your PHI to you upon request and to the Secretary of the United States Department of Health & Human Services to investigate or determine our compliance with the privacy laws.
- **Disaster Relief Activities:** We may disclose your PHI to local, state or federal agencies engaged in disaster relief and to private disaster relief assistance organizations (such as the Red Cross if authorized to assist in disaster relief efforts).

### Your Rights Regarding PHI

- **Right to Request Restriction of Uses and Disclosures:** You have the right to request that we not use or disclose any part of your PHI unless it is a use or disclosure required by law. Please advise us of the specific PHI you wish restricted and the individual(s) who should not receive the restricted PHI. We are not required to agree to your restriction request, with one exception\*, but if we do agree to the request, we will not use or disclose the restricted PHI unless it is necessary for emergency treatment. In that case, we will ask that the recipient not further use or disclose the restricted PHI.

\* If you request that access be restricted to your PHI for services for which you have fully paid yourself out-of-pocket and not be made available to your insurance carrier, we must agree to your request.

- **Right of Access to PHI:** You have the right to inspect and obtain a copy of your PHI upon your written request. Under very limited circumstances, we may deny access to your medical records. To request access to your medical record, please call Freitag Family Chiropractic at 952-818-2485 during business hours. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. If access is denied you will receive a denial letter within 30 days. There is an appeals process. We have the right to charge a reasonable fee for providing copies of your PHI.
- **Right to Confidential Communications:** You have the right to reasonable accommodation of a request to receive communication of PHI by alternative means or at alternative locations. For example, you may wish your bill to be sent to an address other than your home. Please make your request in writing to Freitag Family Chiropractic at [drgreg@freitagfamilychiropractic.com](mailto:drgreg@freitagfamilychiropractic.com) or via mail at 200 West 98<sup>th</sup> Street Suite #105, Bloomington, MN 55420. We will not require an explanation of your reasons for the request, and will attempt to comply with reasonable requests, but you will be required to assume any costs associated with forwarding your PHI by alternate means.
- **Right to Amend PHI:** You have the right to request that we amend your PHI. Your request must be made in writing to us. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. If we deny your request for amendment, you have the right to submit a written statement disagreeing with the denial; we also have the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your medical record and may be included in subsequent disclosures of your PHI.
- **Right to Accounting of Disclosures:** Subject to certain limitations, you have the right to a written accounting of disclosures by us of your PHI for not more than 6 years prior to the date of your request. Your right to an accounting applies to disclosures other than those for treatment, payment, or health care operations. Please make your request in writing to Freitag Family Chiropractic at [drgreg@freitagfamilychiropractic.com](mailto:drgreg@freitagfamilychiropractic.com) or via mail at 200 West 98<sup>th</sup> Street Suite #105, Bloomington, MN 55420.
- **Right to a Copy of Our Notice of Privacy Practices and Policies:** We will ask you to sign a written acknowledgement of receipt of our Notice of Privacy Practices and Policies. We may periodically amend this Notice of Privacy Practices and Policies and you may obtain an updated Notice at any time.

**Effective Date:** This Notice is effective as of October 31, 2020