

## Tucson 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 THAT INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

Tucson Chiropractic Center (TCC), in accordance with the federal Privacy Rule, 45 CFR parts 160 and 164 (the "Privacy Rule") and applicable state law, is committed to maintaining the privacy of your protected health information ("PHI"). PHI includes information about your health condition and the care and treatment you receive from TCC and is often referred to as your health care or medical record. This Notice explains how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

### HOW TCC MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Tucson Chiropractic Center, in accordance with this Notice and without asking for your express consent or authorization, may use and disclose your PHI for the purposes of:

1. **Treatment** – To provide you with the health care you require, TCC may use and disclose your PHI to those health care professionals, whether on TCC's staff or not, so that it may provide, coordinate, plan and manage your health care. For example, a chiropractor treating you for lower back pain may need to know and obtain the results of your latest physician examination or last treatment plan.
2. **Payment** – To get paid for services provided to you, TCC may provide your PHI, directly or through a billing service, to a third party who may be responsible for your care, including insurance companies and health plans. If necessary, TCC may use your PHI in other collection efforts with respect to all persons who may be liable to TCC for bills related to your care. For example, TCC may need to provide the Medicare program with information about health care services that you received from TCC so that they can be reimbursed. TCC 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.
3. **Health Care Operations** – To operate in accordance with applicable law and insurance requirements, and to provide quality and efficient care, TCC may need to compile, use and disclose your PHI. For example, they may use your PHI to evaluate the performance of TCC's personnel in providing care to you.

### OTHER EXAMPLES OF HOW TCC MAY USE YOUR PROTECTED HEALTH INFORMATION

1. **Advice of Appointment and Services** – TCC may, from time to time, 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. The following appointment reminders may be used by TCC: 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.
2. **Directory/Sign-In Log** – TCC maintains a sign-in log at its reception desk for individuals seeking care and treatment in the office. The sign-in log is located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within TCC's office suite. This information may be seen by, and is accessible to, others who are seeking care or services in TCC's offices.
3. **Family/Friends** – TCC may disclose to a 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 for your care. TCC 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, TCC may use or disclose your PHI if you agree, or if TCC can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.

- b. If you are not present, TCC will, in the exercise of professional judgment, 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.

**OTHER USE & DISCLOSURES WHICH MAY BE PERMITTED OR REQUIRED BY LAW**

TCC may also use and disclose your PHI without your consent or authorization in the following instances:

1. **De-identified Information** – TCC may use and disclose health information that may be related to your care but does not identify you and cannot be used to identify you.
2. **Business Associate** – TCC may use and disclose PHI to one or more of its business associates if it obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists TCC in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies.
3. **Personal Representative** – TCC may use and disclose PHI to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. **Emergency Situations** – TCC may use and disclose PHI for the purpose of obtaining or rendering emergency treatment to you provided that it attempts to obtain your Consent as soon as possible: TCC may also use and disclose PHI to a public or private 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.
5. **Public Health Activities** – TCC may use and disclose PHI when required by law to provide information to a public health authority to prevent or control disease.
6. **Abuse, Neglect or Domestic Violence** – TCC may use and disclose PHI when authorized by law to provide information if it believes that the disclosure is necessary to prevent serious harm.
7. **Health Oversight Activities** – TCC may use and disclose PHI when required by law to provide information in criminal investigations, disciplinary actions, or other activities relating to the community's health care system.
8. **Judicial and Administrative Proceeding** – TCC may use and disclose PHI in response to a court order or a lawfully issued subpoena.
9. **Law Enforcement Purposes** – TCC may use and disclose PHI, when authorized, to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena, or if TCC believes that your death was the result of criminal conduct.
10. **Coroner or Medical Examiner** – TCC may use and disclose PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.
11. **Organ, Eye or Tissue Donation** – TCC may use and disclose PHI if you are an organ donor to the entity to whom you have agreed to donate your organs.
12. **Research** – TCC may use and disclose PHI subject to applicable legal requirements if it is involved in research activities.
13. **Avert a Threat to Health or Safety** – TCC may use and disclose 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 the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
14. **Specialized Government Functions** – TCC may use and disclose PHI when authorized by law with regard to certain military and veteran activity.
15. **Workers' Compensation** – TCC may use and disclose PHI if you are involved in a Worker's Compensation claim to an individual or entity that is part of the Worker's Compensation system.
16. **National Security and Intelligence Activities** – TCC may use and disclose PHI to authorized governmental officials with necessary intelligence information for national security activities.

17. **Military and Veterans** – TCC may use and disclose PHI if you are a member of the armed forces, as required by the military command authorities.

#### **AUTHORIZATION**

Uses and/or disclosures, other than those described above, will be made only with your written Authorization.

#### **YOUR RIGHTS**

You have the right to:

1. Revoke any Authorization or consent you have given to TCC at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
2. Request special restrictions on certain uses and disclosures of your PHI as authorized by law. In general, this relates to your right to request special restrictions concerning disclosures of your PHI regarding uses for treatment, payment and operational purposes under Privacy Rule, Section 164.522(a) and restrictions related to disclosures to your family and other individuals involved in your care under Privacy Rule, Section 164.510(b). Except in certain instances, TCC may not be obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to TCC's Privacy Officer. In your written request, you must inform TCC of what information you want to limit, whether you want to limit TCC's use or disclosure, or both, and to whom you want the limits to apply. If TCC agrees to your request, it will comply with your request unless the information is needed in order to provide you with emergency treatment.
3. Receive confidential communications or PHI by alternative means or at alternative locations as provided by Privacy Rule Section 164.522(b). For instance, you may request all written communications to you marked "Confidential Protected Health Information." You must make your request in writing to TCC's Privacy Officer. TCC will accommodate all reasonable requests.
4. Inspect and copy your PHI as provided by federal law (including Privacy Rule, Section 164.524) and state law. To inspect and copy your PHI, you must submit a written request to TCC's Privacy Officer. TCC can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, TCC may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.
5. Amend your PHI as provided by federal law (including Privacy Rule, Section 164.526) and state law. To request an amendment, you must submit a written request to TCC's Privacy Officer. You must provide a reason that supports your request. TCC 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 TCC (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by TCC, if 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 TCC's denial, you will have the right to submit a written statement of disagreement.
6. Be notified if a breach occurs that may have compromised the privacy or security of your Personal Health Information.
7. Request that we not disclose PHI to your health plan if that information relates to health care items or services for which have paid out of pocket, in full, at the time that the service is provided. You must notify the practice of your request to not provide PHI about the service to your health insurance plan. We will agree to such requests unless required by law to disclose that information to the health plan.
8. Receive an accounting of disclosures of your PHI as provided by federal law (including Privacy Rule Section 164.528) and state law. To request an accounting, you must submit a written request to TCC's Privacy Officer. The request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve (12) month period will be free, but TCC may charge you for the cost of providing additional lists. TCC will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
9. Receive a paper copy of TCC Notice of privacy practices (as provided by Privacy Rule Section 164.520(b)(1)(iv)(F)) upon request to the TCC's Privacy Officer.
10. Complain to TCC or to the Secretary of HHS (as provided by Privacy Rule Section 164.520(b)(1)(vi)) if you believe your privacy rights have been violated. To file a complaint with TCC, you must contact TCC's Privacy Officer. All complaints must be in writing.

To obtain more information about your privacy rights or if you have questions you want answered about your privacy rights (as provided by Privacy Rule Section 164.520(b)(2)(vii)), you may contact TCC's Privacy Officer as follows:

Name: Shannon Ration-Banuelos

Address: Tucson Chiropractic Center  
570 N. Columbus Boulevard  
Tucson, AZ 85711

Telephone Number: (520) 323-8989

TCC's Requirements

Tucson Chiropractic Center:

1. Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing TCC's legal duties and privacy practices with respect to your PHI.
2. Under the Privacy Rule, may be required by State law to grant greater access or maintain greater restrictions on the use or release of your PHI than that which is provided for under federal law.
3. Is required to abide by the terms of this Privacy Notice.
4. 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.
5. Will post in our office any revised Privacy Notice to you prior to implementation.
6. Will not retaliate against you for filing a complaint.

**EFFECTIVE DATE**

This Notice is in effect as of 04/20/2017.

**PATIENT ACKNOWLEDGEMENT**

By subscribing my name below, I acknowledge receipt of a copy of this Notice, and my understanding and my agreement to its terms.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_