



D'Youville College Chiropractic Health Centers

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

Privacy Officer: Jeffrey S. Ware, D.C.

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.

It is of the utmost importance to us to protect the privacy and confidentiality of patient's medical information.

We are required by law to; maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, to notify patients following a breach of unsecured protected health information, to describe to patients how their medical information will be used and disclosed.

A. How The D'Youville Health Centers May Use or Disclose Health Information

Listed below are acceptable ways that health information may be used. Any other uses of this information must have specific written patient authorization that may be revoked at any time by writing to our Privacy Officer listed above.

1. **Treatment** provided by others that provide care you need that we do not provide or provide care to you and need our medical records to provide that care such as doctors, nurses, technicians and other personnel. We may also disclose medical information to members of your family or others who can help if you are not in a position to do so on your own such as in office unconscious.
2. **Payment** of services we or others provide. For example, we may need to give your health plan your patient information the information before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations.** We may use and disclose your medical information to operate our clinics, to improve the quality of care we provide or the competence and qualifications of our professional staff. We may also use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management.

4. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments using the contact numbers that you provided. If contact is not made, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. **Sign In Sheet.** We may disclose medical information by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. **Notification and Communication with a Family Member.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Additional Disclosures of Health Information with Your Written Authorization

7. **Marketing.** Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will immediately stop any future marketing activity upon your withdrawal of the authorization.
8. **Sale of Health Information.** We will not sell your health information.
9. **Research.** As an educational institution, we may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law. If it is determined that prior written authorization is needed from you to use your health information for research, we will obtain that authorization prior to disclosing that information.
10. **Fundraising.** We may use or disclose your demographic information in order to contact you for our fundraising activities. If you choose not to receive this information, contact the Privacy Officer listed at the top of this Notice of Privacy Practices and we will immediately stop any further fundraising communications. Subsequently, if you should choose to want to get this information notify the Privacy Officer to start receiving these solicitations again.

Special Circumstances for Disclosing Patient Health Information

11. **Required by Law.** As required by law, we will use and disclose your health information to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to local, state or federal law enforcement officials.
12. **Public Health.** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence.

13. **Health Oversight Activities.** We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
14. **Lawsuits and disputes.** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order.
15. **Law Enforcement.** We may be asked by law enforcement officials to release your information for the purpose of (1) identifying or locating a suspect, fugitive, material witness or missing person, (2) complying with a court order, warrant, grand jury subpoena (3) other law enforcement purposes.
16. **Coroners, Medical Examiners:** We may be required to release your medical information to a coroner or medical examiner to determine a cause of death
17. **Organ or Tissue Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
18. **Public Safety.** We may be required by law, to disclose your health information to appropriate persons, organizations or agencies in order to prevent or lessen a serious threat to the health or safety of a particular person or the general public.
19. **Military or National Security.** We may disclose your health information for military or national security purposes or to law enforcement officers that have you in their lawful custody.
20. **Workers' Compensation.** We may disclose your health information as necessary to comply with state and federal workers' compensation laws when your case falls within these laws. For example, we will send periodic reports to your employer about your condition if your care is covered by workman's compensation. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
21. **Change of Ownership.** In the event that a clinic is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request copies of your health information be transferred to another physician or medical group.

Breach of patient's health information Requiring Immediate Action

22. **Breach Notification.** If at any time your health information security is breached, we will immediately make every effort to notify you as required by law through the most current contact information you provided us. There may be circumstances that business associate of this practice will contact you.

Your Rights Regarding Health Information

1. **Right to Inspect and Copy Health Information.** You have the right to inspect and copy your health information that includes medical and billing records. To inspect or have copies of these records, you must contact to D'Youville Clinic Business Manager in writing. The D'Youville

Clinic Business Manager has up to 30 days to provide you or your designee this information and may charge you a reasonable fee for costs associated with copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. There may be circumstances that we may deny your request, if that occurs you have the right to have the denial reviewed by a license health care professional who is not directly involved in the denial request, and we will comply with the outcome of the review.

2. **Right to an Electronic Copy of Electronic Medical Records.** You have the right to request an electronic copy of your health information provided that your health information is in an electronic format. These records will be transmitted to you or your designee although there may be a reasonable fee charged for labor associated with transmitting the health information. In the event that your health records are not in the electronic format, we will provide requested records in hard copy form although there may be a fee associated for copying, mailing, and associated supplies needed to fulfill your request.
3. **Right to Get Notice of a Breach of Health Information.** You have the right to be immediately notified upon a breach of any of your unsecured health information.
4. **Right to Amend.** You have the right to amend or update any health information that you know is incorrect as long as it is information held at the clinic. You must notify the D'Youville Clinic Office Manager of this request in writing.
5. **Right to an Accounting of Disclosures.** You have the right to a list of certain disclosures we made of your health information for the purposes other than treatment, payment, and healthcare operations or for which you provided written authorization. To request such disclosures you must notify the D'Youville Clinic Office Manager of this request in writing.
6. **Out-of-Pocket Payments.** If you have requested that we not bill your insurance company and have paid for services out-of-your own pocket you have the right to request that your health information not be disclosed to your insurance company and we will honor that request.
7. **Right to Request Confidential Communications.** You have the right to request that we contact you regarding health information in a certain manner such as personal cell phone or only at work. To request confidential communications you must notify the D'Youville Clinic Office Manager of this request in writing with the specific manner in which, you would like communications to occur and we will accommodate any reasonable request.

Changes to this Notice

We reserve the right to make changes to this notice and make the new notice apply to Health Information we already have as well as information we receive in the future. Any time a change is made we will post a current copy of the notice in our office. The effective date of the notice will be listed in the upper left corner.

Complaints

In the event that you feel your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the D'Youville HIPAA Compliance Officer, 320 Porter Avenue, Buffalo, NY, 14201. All complaints must be in writing and **you will not be penalized for filing a complaint.**

To file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, you may send a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, or call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

By signing below, I certify that I have received and reviewed this notice and all of my questions have been answered to my satisfaction in language that I can understand.

PRINT NAME

SIGNATURE

LEGAL REPRESENTATIVE

RELATIONSHIP

DATE SIGNED

WITNESS