

## Mason Family Chiropractic and Wellness Notice of Privacy Practices

**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.**

We understand that information about you and your health is very personal and we are committed to protecting medical information about you. We will only use and disclose your personal health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. Your personal doctor or other health care providers may have different policies or notices regarding their use and disclosure of your medical information created in that doctor's office or clinic.

- We are required by law to do the following:
- Maintain the privacy of our patients' personal health information;
- Inform you of our legal duties and privacy practices with respect to your personal health information; and
- Abide by the terms of the Notice of Privacy Practices that is in effect.

### **How we may Use and Disclose your Personal Health Information:**

The following categories describe different ways this facility uses and discloses medical information. Each category will be explained. Not every possible use or disclosure will be listed. However, all the different ways the facility is permitted to use and disclose information will fall within one of these categories.

- **Treatment.** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, referring health care providers, pharmacy staff, or with a specialist involved in your care. We may also share PHI with health care provider licensing bodies such as the Indiana State Department of Health.
- **Payment.** We may use and disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicare/Medicaid, a private insurer or other group health plan to get paid for services that we delivered to you. Release of your PHI to the state Medicaid agency might also be necessary to determine your eligibility for publicly funded services.
- **Healthcare Operations.** We may use and disclose your PHI in the course of our operations. For example, we may use your PHI or your answers to a patient satisfaction survey in evaluating the quality of services provided by our staff, or disclose your PHI to our attorneys for legal purposes.
- **Business Associates.** We may contract with outside organizations, called business associates, to perform some of our operational or treatment tasks on our behalf. When these services are performed, we disclose the necessary health information to these entities so that they can perform the tasks we have asked them to do. To protect your PHI, however, we require the business associate to appropriately safeguard your information.
- **Appointment Reminders.** Your medical information may be used to contact you as a reminder of an appointment you have for treatment or services from our facility.
- **Treatment Alternatives.** Your medical information may be used to tell you about or recommend possible treatment options or benefits and services that may be of interest to you.
- **Individuals Involved in Your Care.** With your permission, your medical information may be released to a family member, guardian or other individuals involved in your care. They may also be told about your condition unless you have requested additional restrictions. In addition, your medical information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose PHI for research, the project will have been approved through a research approval process.
- **Marketing.** We may use your information for marketing purposes. For example, we may mail information about services we provide or send welcome, thank you, birthday cards, reminder cards or holiday cards to patients. We may communicate to you via newsletters, mailing, email or other means regarding treatment options, health related programs, disease management or wellness programs or other community based initiatives or activities in which our practice is participating. Under no circumstance will your information be sold to a third party.

- **Other Uses of PHI.** Other uses and disclosures of PHI not covered by this Notice or law will be made only with your written permission. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provided to you.

#### Other Uses and Disclosures As Required by Law:

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, your medical information will be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute when we are legally required to respond.
- **Law Enforcement.** Your medical information will be released if requested by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process:
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if we are unable to obtain the person's agreement; or
  - About a death we believe may be the result of criminal conduct.
- **Prevent a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, your medical information may be released as required by military command authorities. If you are a member of the foreign military personnel, your medical information may be released to the appropriate foreign military authority.
- **Workers' Compensation.** If you seek treatment for a work related illness or injury, we must provide full information in accordance with state specific laws regarding workers' compensation claims. Once state specific requirements are met and an appropriate written request is received, only the records pertaining to the work related illness or injury may be disclosed.
- **Public Health Risk.** Your medical information may be used and disclosed for public health activities. We will only make this disclosure if you agree or when required or authorized by law. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.
- **Coroners, Medical Examiners, and Funeral Directors.** Your medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the facility to funeral directors as necessary.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the following reasons:
  - For the institution to provide you with health care;
  - To protect the health and safety of you and others;
  - For the safety and security of the correctional institution.
- **As Required by Law.** Your medical information will be disclosed when required to do so by federal, state, or local authorities, laws, rules and/or regulations.

#### Rights That You Have:

- **Access to Your Personal Health Information.** Generally, you have the right to access, inspect, and/or copy personal health information that we maintain about you. Requests for access must be made in writing and be

signed by you or your representative. We may charge you for a copy of your medical records. We will provide a copy or summary of your health information within 60 days of your request. We may not charge a fee if you require your medical information for a claim or for benefits under the Social Security Act or any other state or federal needs based benefit program.

- **Amendments to Your Personal Health Information.** You have the right to request that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment or correction request. We will respond in writing within 60 days to the request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. Please note that even if we accept your request, we may not delete any information already documented in your medical record.
- **Accounting for Disclosures of your PHI.** You have the right to receive an accounting of certain disclosures made by us of your personal health information except for disclosures made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. This accounting will include only those disclosures made in the seven years prior to the date on which the accounting is requested. Your request must indicate the time period desired. Requests must be made in writing and signed by you or your representative. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred
- **Restrictions on Use and Disclosure of Your PHI.** . You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment, or health care operations. For example, you may request that we do not share your health information with a certain family member. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed upon restriction if we believe such termination is appropriate. In the event we terminate an agreed upon restriction, we will notify you of such termination. To request restrictions, you must make your request in writing. In your request, you must tell us:
  - What information you want to limit;
  - Whether you want to limit our use, disclosure or both; and
  - To whom you want the limits to apply, for example, disclosures to your spouse.

You also have a right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request if the health care item or service is paid out of pocket and in full.

- **Confidential Communications.** You have the right to request communications regarding your personal health information from us by alternative means or at alternative locations and we will accommodate reasonable requests by you. For example you may request that we only contact you at work or by mail. We require some means of contact, such as mail or email, which enables us to execute the Payment function of our services.
- **Paper Copy of Notice.** As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. (Our Notice may also be obtained on our Web site at [www.masonfamilychiro.com](http://www.masonfamilychiro.com).)
- **Right to receive notice of a breach.** We are required to notify you by 1<sup>st</sup> class mail or email (if preference indicated by email) of any breach of unsecured PHI as soon as possible but in any event, no later than 60 days from the discovery of the breach.

#### **Additional Information Concerning This Notice:**

- **Changes to This Notice.** We reserve the right to change this notice and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Should our information practices change, a revised Notice of Privacy Policies will be available upon request.
- **Complaints.** You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with Mason Family Chiropractic and Wellness or with the Secretary of the Department of Health and Human Services, 200 Independence Ave SW, Washington D.C. 20201 877-696-6775. To file a complaint with this office, contact the Facility Privacy Officer. All complaints must be submitted in writing to Dr. Richard Mason/Privacy Officer 11580 Overlook Drive, Ste 200, Fishers, IN 46037 within 180 days of when you knew or should have known that the alleged violation occurred.
- **For further information.** If you have questions or need further assistance regarding this Notice of Privacy Practices, you may contact us at:

Dr. Richard Mason/Privacy Officer  
11580 Overlook Drive, Ste 200  
Fishers, IN 46037 317-577-9558