



*Specializing in State of the Art Testing, Physical/Manual Medicine,
Rehabilitation, Acupuncture & Massage Therapy*

Tower Hill
330 N.W. 76th Drive
Gainesville, FL 32607
Phone: (352) 332-7400

JOHN T. HOEHN, D.C., F.A.C.O.
Chiropractic Physician
Board Certified Chiropractic Orthopedist

Notice of Health Information Privacy Policies (“Notice”)

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

The Health Insurance Portability & Accountability Act of 1996 (“HIPPA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, be kept properly confidential. HIPPA gives you, the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA, Affordable Chiropractic Care Center of Gainesville, Florida, has prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information as necessary to carry out your treatment, payment, and/or the healthcare operations relating to this office. We are committed to maintaining the privacy of your protected health information (“PHI”), which includes information about your health condition and the care and treatment you receive from this Practice. The creation of a record detailing the care and services you receive helps this Practice provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI. If you have any questions, please contact the **compliance officer, Audrie Hoehn, at (352) 332-7400, or at theaffordablechiro@netzero.com**.

Uses and Disclosures of Health Information

Affordable Chiropractic Care Center of Gainesville, Florida, may use and disclose your protected health information, without consent, for treatment, obtaining payment for treatment, and healthcare operations necessary to sustain our business.

- **Treatment** – In order to provide you with the health care you require, this Practice will provide your PHI to those health care professionals, whether on staff with this Practice or not, directly involved in your care so that they may understand your health condition and needs. For example, a physician treating you for a condition or disease may need to know the results of your latest examination or assessment performed at this Practice.
- **Payment** – In order to get paid for services provided to you, this Practice will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Practice may need to provide the Medicare program with information about health care services that you received from the Practice so that the Practice can be properly reimbursed. The Practice 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.
- **Healthcare Operations** – In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to continue to provide quality and efficient care, it may be necessary for the Practice to compile, use and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice’s personnel in providing care to you.

Please note that some of our services are provided to you in a semi-private setting. For example, our therapies are located in an open area that allow therapists and patients efficient access to equipment and modalities needed and shared by the Practice.

The Practice may use and/or disclose your PHI, without a written consent from you, in the following additional instances:

De-identified information – Information that does not identify you and, even without your name, cannot be used to identify you.

Business Associate – To a business associate if the Practice 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 the Practice in undertaking some essential functions, such as an associate doctor billing company or massage therapist that assists the office in submitting claims for payment to insurance companies or other payers.

Personal Representative – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

Emergency Situations

- (i) For the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your Consent as soon as possible; or
- (ii) 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.

Communication Barriers – If, due to substantial communication barriers or inability to communicate, the Practice has been unable to obtain your Consent and the Practice determines, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.

Public Health Activities – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease and that does not identify you and, even without your name, cannot be used to identify you.

Abuse, Neglect or Domestic Violence – To a government authority if the Practice is required by law to make such disclosure; if the Practice is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.

Health Oversight Activities – Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.

Judicial and Administrative Proceeding – For example, the Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

Law Enforcement Purposes – In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, you PHI may be the subject of a grand jury subpoena. Or, the Practice may disclose your PHI if the Practice believes that your death was the result of criminal conduct.

Coroner or Medical Examiner – The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

Organ, Eye or Tissue Donation – If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs.

Research – If the Practice is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI and that does not identify you and, even without your name, cannot be used to identify you.

Avert a Threat to Health or Safety – The Practice may disclose your 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.

Workers' Compensation – If you are involved in a Workers' Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

Your Health Information Rights

Although your health record is the physical property of Affordable Chiropractic Care Center of Gainesville, Florida, the information belongs to you. You have the right to:

- Review or obtain a copy of your protected health information at any time;
- Request restrictions on certain uses and disclosures of protected health information, including those related to disclosure of family member, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it. You may also request in writing that we not use or disclose your protected health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Affordable Chiropractic Care Center of Gainesville, Florida, will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.
- Request that we amend your protected health information.
- Request a list of instances where we have disclosed your protected health information for reasons other than treatment, payment or other related administrative purposes.
- Obtain a paper copy of this Notice from us upon request.

Website Privacy

By using our website to communicate with the Practice, you are accepting the practices described in this Notice. You are encouraged to review the privacy policy whenever you visit our site to make sure that you understand how any personal information you provide will be used.

Our Responsibilities

Affordable Chiropractic Care Center of Gainesville, Florida, is required to:

- Maintain the privacy of your health information;
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will inform you upon your next regularly scheduled visit, by mail to the address you've supplied us, or we will provide you with a revised copy upon your request.

We will not use or disclose your health information without your authorization, except as described in this Notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the **Practice's Privacy Officer, Audrie Hoehn, at 330 NW 76th Dr., Gainesville, Florida, 32607, (352) 332-7400, or at theaffordablechiro@netzero.com.**

If you believe your privacy rights have been violated, you can file a complaint with the Practice's Privacy Officer, or with the U.S. Department of Health and Human Services, Office for Civil Rights. There will be no retaliation for filing a complaint. The Privacy Officer can be reached at (352) 332-7400 and the governmental agency charged with addressing violations can be reached at (800) 368-1019.

Effective: 12/1/15