

We Care About Your Privacy

Schwartz Chiropractic
Spirit Lake, IA 51360
www.schwartzchiropractic.com

FORM: NOTICE OF PRIVACY PRACTICES (HIPPA)

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

Dr. Michelle Schwartz-Webb and staff respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. Your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of protected Health Information for Treatment, Payment, and Health Operations.

For Treatment:

- Information obtained by staff chiropractor, physician, or other health care team will be recorded in your health record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For Payment

- We request payment from your health insurance plan. Health plans need information from us about your health care. Information provided to health plans may include your diagnoses, procedures performed, recommended care, or your entire case file.

For Health Care Operations:

- We use your health records to assess quality and improve services. E-mail or mail any office related functions or promotions, inform you of upcoming health and fitness classes, or monthly statements.
- We may use and disclose health records to train and review the qualifications and performance of our health care staff.
- Provide pre-employment screening, DOT exam, drug test collection site and wellness workshops, or LAB.
- We may contact you to remind you or your household, answering machine or cell phone about appointments, clinic information, re-activation calls and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you or your spouse to raise funds, volunteer, share your case with others in an educational or supportive manner.
- We may use and disclose your information to conduct or arrange for services, including:
 - health quality review by your health plan or work comp, MVA's and PL's.
 - accounting, legal, risk management, and insurance services; hospital relations;
 - audit functions, including fraud and abuse detection and compliance programs.
 - bank account information, payment plans, use of credit card
 - credit bureau
 - collection agency, attorneys, hospitals.
 - medical reporting officer, NW IA Health Center, DHS, or the State of Iowa

- Nutrition regimen recommendation or Footlevelers
- seasonal acupuncture recalls
- employment information

Your Health Information Rights

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted;
- Upon request, receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”).
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information—except in certain circumstances;
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your health record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in a 12 month period.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

We may use and disclose your protected health information without your authorization as follows:

- With health researchers—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with health researchers preparing to conduct a research project.
- To Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To comply with workers’ compensation laws—if you make a workers’ compensation claim
- For Public Health and Safety purposes as allowed or required by law:
 - To prevent or reduce a serious, immediate, threat to the health or safety of a person to the public.
 - To public health or legal authorities.
 - To protect public health and safety
 - To prevent or control disease, injury, or disability
 - To report vital statistics such as births or deaths.
- To report suspected Abuse or Neglect to public authorities.
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For Law Enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.

- For Health and Safety oversight activities. For example, we may share health information with the Department of Health.
- For Disaster Relief purposes. For example, we may share health information with disaster relief agencies to assist in notification of your conditioning to family or others.
- For Work-Related Conditions That Could Affect Employee Health. For example, an employer may ask us to assess health risks on a job site.
- To the Military Authorities of the U.S. and Foreign Military Personnel. For example, the law may require us to provide information necessary to a military mission.

Our Responsibilities

We are required to:

- Keep your protected health information private;
- Give you this Notice upon request, otherwise your signature on this form or on the case history, this notice is valid regarding and acknowledge of our HIPPA policies.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of the notice by calling and asking for it or by visiting our (office/health records department) to pick one up.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Dr. Michelle Schwartz-Webb
3301 Hwy 71 S Ste. 1
Spirit Lake, IA 51360 712-336-4848

If you believe your privacy rights have been violated, you may discuss your concerns with any employed staff member. You may also deliver a written complaint to Dr. Michelle Schwartz Webb at our practice/health care facility. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition or that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- [Hospitals] information may be provided to people who ask for you by name. We may use and disclose the following information in a hospital directory:
 - Your name
 - Location
 - General condition, and
 - Religion (only to clergy).

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

- In the Course of Judicial/Administrative Proceedings at your request, or as directed by subpoena or court order.
- For Specialized Government Functions. For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization.

Effective Date: immediate upon signing on the case history of privacy practice notice.

Notice of Privacy Practices—Acknowledgement

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Dr. Michelle Schwartz-Webb.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

This form will be retained in your health record.

FORM: NOTICE OF PRIVACY PRACTICE SUMMARY

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided to you.

Schwartz Chiropractic uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check your state laws), for administrative purposes, and to evaluate the quality of care that you receive.

Schwartz Chiropractic will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Schwartz Chiropractic may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

Schwartz Chiropractic may disclose your information for public health activities, to funeral directors to enable them to carry out their activities, of organ and tissue donations, research, health and safety, governmental function in order to comply with workers compensation laws and regulations, a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting of your health records.

You may complain to the Privacy Officer Dr. Michelle Schwartz-Webb and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Schwartz Chiropractic must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

If you have any questions of complaints please contact Dr. Michelle Schwartz-Webb at (712) 336-4848.

FORM: Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by Dr. Michelle Schwartz-Webb for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Dr. Michelle Schwartz-Webb.

I understand that diagnosis or treatment of me by Schwartz Chiropractic may be conditioned upon my consent as evidenced by my signature on the Acknowledgement of Receipt of Notice.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Schwartz Chiropractic is not required to agree to the restrictions that I may request. However, if Dr. Michelle Schwartz-Webb agrees to a restriction that I request, the restriction is binding on Schwartz Chiropractic.

I have the right to revoke this consent, in writing, at any time, except to the extent that Schwartz Chiropractic or Dr. Michelle Schwartz-Webb has taken action in reliance on this consent.

My “protected health information” means health information, including my demographic information collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Schwartz Chiropractic's Notice of Privacy Practices prior to signing the Acknowledgement of Receipt of Notice.

The Schwartz Chiropractic Notice of Privacy Practices has been provided or explained to me upon request. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the (Health Care Provider).

The Notice of Privacy Practices of Schwartz Chiropractic is provided currently at our office in the Great Lakes Mall 18th St Spirit Lake, Iowa 51360, (712)336-4848. Final and permanent address change will be 3301 HWY 71 South. This Notice of Privacy Practices also describes my rights and duties of Schwartz Chiropractic with respect to my protected health information.

Dr. Michelle Schwartz-Webb reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.