
COLE CHIROPRACTIC AND WELLNESS

NOTICE OF OUR PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your individually identifiable health information.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. MY COMMITMENT TO YOUR PRIVACY

This practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting this business, I will create records regarding you and your treatment and the services I provide for you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of the legal duties and the privacy practices that I maintain in this practice concerning your IIHI. By federal and state law, I must follow the terms of the notice of privacy practices that I have in effect at this time.

I realize that these laws are complicated, but I must provide you with the following important information:

- How I may use and disclose your IIHI
- Your privacy rights in your IIHI
- The obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by this practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that this practice has created or maintained in the past, and for any of your records that I

may create or maintain in the future. This practice will post a copy of the current Notice in this office in a visible location at all times, and you may request a copy of the most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Cole Chiropractic and Wellness
Danette Cole, D.C.
92 Portsmouth Avenue
Suite 20
Exeter, NH 03833
(603) 422-5518

C. I MAY USE AND DISCLOSURE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which I may use and disclose your IIHI.

1. **Treatment.** This practice may use your IIHI to treat you. For example, I may ask you to have laboratory tests (such as blood or urine tests), and may use the results to help reach a diagnosis. Any of the people who work for this practice or indirectly with any provider I refer you to - may use or disclose your IIHI in order to treat you, or to assist others in your treatment. Additionally, I may need to disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents.
2. **Payment.** This practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive. For example, I may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and I may provide your insurer with details regarding your treatment and health status to determine if your insurer will cover, or pay for, your treatment. I also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members or insurance companies. Also, I may use your IIHI to bill you directly for services and items.

3. **Health Care Operations.** This practice may use and disclose your IIHI to operate this business. As examples of the ways in which I may use and disclose your information for this business, this practice may use your IIHI to evaluate the quality of care you receive from here, or to conduct cost-management and business planning activities for this practice.
4. **Appointment Reminders.** This practice may use and disclose your IIHI to contact you or a family member who answers the phone (or to leave a recorded message) to remind you of an upcoming appointment.
5. **Treatment Options.** This practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** This practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** This practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to this office for care. In this example, the babysitter may have access to this child's medical information.
8. **Disclosures Required by Law.** This practice will use and disclose your IIHI when I am required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** This practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices

- Notifying individuals if a product or device they may be using has been recalled
Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, I will only disclose this information if the patient agrees or I am required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. **Health Oversight Activities.** This practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and Similar Proceedings.** This practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. I also may disclose your IIHI in response to discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if I have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. In general, I will require that the party that requests your records provide a records-release form, signed by you within the last 3 months.

4. **Law Enforcement.** I may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if I am unable to obtain the person's agreement
- Concerning a death I believe has resulted from criminal conduct
- Regarding criminal conduct at this office
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator)

5. **Deceased Patients.** This practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, I also may release information in order for funeral directors to perform their jobs.

6. **Organs and Tissue Donation.** This practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation in you are an organ donor.

7. **Research.** This practice may use and disclose your IIHI for research purposes in certain limited circumstances. I will obtain your written authorization to use your IIHI for research purposes except when: (a) my use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) I obtain the oral or written agreement of a research that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your IIHI is being used only for the research and (iii) the researcher will not remove any of your IIHI from this practice; or (c) the IIHI sought by the research only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research, and if I request it, to provide me with proof of death prior to access to the IIHI of the decedents.

8. **Serious Threats to Health or Safety.** This practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, I will only make disclosures to a person or organization able to help prevent the threat.

9. **Military.** This practice may disclose your IIHI if you are member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. **National Security.** This practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. I also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. **Inmates.** This practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. **Workers' Compensation.** This practice may release your IIHI for worker's compensation and similar programs.