

Miller Chiropractic Clinic

Dr. William A. Miller, D.C.P.A.
2201 E. 25th St., Suite U
Lawrence, Kansas. 66047

Notice Of Privacy Practices

YOUR INFORMATION IS CONFIDENTIAL. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

**Dr. William A. Miller, D.C.P.A.
Janet E. Miller, C.A.**

HIPPA Privacy Act
Effective April 14, 2003

Introduction

We maintain protocols to ensure the security and confidentiality of your personal information. We maintain passwords to protect databases, files in out of reach areas, and protection from computer viruses. Within our practice, access to your information is limited to only those who need it to perform their jobs.

At Miller Chiropractic Clinic, we are committed to training and using protected health information about you responsibly. This Notice of Privacy Practices Policies describes the personal information we collect and how and when we use or disclose that information. It also protects your rights as they relate to your protected health information. This notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD

Each time you visit Miller Chiropractic Clinic, a record of your visit is made. Typically, the record contains your symptoms and treatment given, any x-rays or exam taken. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication between doctor and assistant who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of information for public health officials charged to improve the health of the state and nation.
- Source of data for our planning and marketing.
- Tool in which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Miller Chiropractic Clinic, the information belongs to you. You have the right to:

- Obtain a paper copy notice of privacy practices upon request.
- Inspect and obtain a copy of your health record.
- Amend your health record.
- Obtain an accounting of disclosures of your health information.
- Request confidential communications of your health information.
- Request a restriction on certain uses and disclosures of your information.

OUR RESPONSIBILITIES

Our practice 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 this notices.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate you health information.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. We will keep a posted copy of the most current notice in our facility. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice if effect upon request.

We will not use or disclose your health information in a manner other than described in the section DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact our Privacy Officer, Janet Miller at 785-842-4114.

If you believe your privacy rights have been violated, you can either file a complaint with Janet Miller or with the Office of Civil Rights, U.S. Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our practice or the OCR. The address for the OCR is as follows:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Room 509F, HHH Building
Washington, D.C. 20201**

REASONS FOR DISCLOSURE OR YOUR PRIVATE HEALTHCARE INFORMATION (PHI)

- For your treatment.
- For payment of your care.
- For *Business Associate* information - such as another Chiropractor or physical medicine physician we have referred you to for treatment, radiology or laboratory tests, so they can perform the jobs we have asked them to protect your PHI.
- Worker's Compensation – to comply with laws relating to worker's compensation or other similar programs.
- Public Health - to prevent or control disease, injury, or disability.
- Appointment Reminders – to contact your or a family member at the phone number you have provided to us a reminder for an upcoming appointment.
- Notification – to notify or assist a family member, or other relative, or close personal friend (or any other person you identify) health information relevant to that person's involvement in your care or payment related to your care.
- Law Enforcement – for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.