

**How Integrity Chiropractic(I.C.)/Dr. Michael Fink, D.C./Staff & Associate D.C.'s
In Accordance With HIPAA Guidelines, Protects Your Personal
Health Information (PHI).**

Treatment:

Integrity Chiropractic/Dr. Fink & staff may use your PHI to provide you with chiropractic Treatment or other health-related services. I.C./Dr. Fink may use your PHI to coordinate care with other health care providers/insurance carriers/third parties participating in your care. I.C./Dr. Fink may provide PHI to either friends, family members or persons you have indicated that are involved in your care, PHI that is directly relevant to their involvement in your care or payment for your care.

Payment:

I.C./Dr. Fink & staff may use and disclose your PHI in order to receive payment for the treatment you receive at I.C. from Dr. Fink or an approved associate/practice relief doctor.

Health Care Operations:

I.C./Dr. Fink & staff may use and disclose PHI about you for our health care operations, which are activities necessary to operate Integrity Chiropractic to ensure that all of our patients receive quality care.

Health Care Associates:

There are some services provided by us through contracts with other health care providers. When these services are contracted for, we may disclose your PHI to our Associates so that they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. To protect you and your PHI, we require these associates (X-Ray/MRI/CAT Scan facilities, Physical Therapy Clinics, Other D.C.'s) to appropriately safeguard your PHI in accordance with HIPAA guidelines.

Special Situations Involving Public Health Or Legal Requirements:

- If required by law.
- To the MBCE (Minnesota Board of Chiropractic Examiners), members, inspectors or agents thereof.
- For the purpose of reporting, or informing authorities of possible victims of abuse, neglect or domestic violence and for Public Health activities such as communicable disease reporting, or informing authorities of possible victims of abuse, neglect or domestic violence.
- For government health care oversight activities.
- For law enforcement purposes, in response to a valid court order or warrant, or as specifically required or permitted by law, including disclosures to an inspector or investigator whose duty is to enforce the laws relating to chiropractic and who is engaged in a specific investigation involving a designated person or chiropractic service, or for reporting suspected crimes such as child abuse.
- To avoid a serious threat to your health or safety, or the health and safety of the public or another person.
- To medical examiners, funeral directors, or organ procurement organizations, in regard to a deceased person.
- To a correctional/mental health/long term care/chemical dependency rehabilitation or other facility engaged in the administration of your health care when necessary for your health or the health and safety of others, if you are or become a resident of any such facility.
- For special government functions, such as disclosures to authorized federal officials for national security activities.
- As required by military command authorities if you are a member of the armed forces, or a member of a foreign military.

- To comply with state laws relating to worker's compensation and similar programs for work related injuries or illnesses.

Uses And Disclosures You Specifically Authorize:

Your Rights

ACCESS: Each person over the age of 18 has the right to review and obtain a copy of his or her PHI contained in a designated record set, with limited exceptions. The designated record set usually will include treatment and billing records. Parents of minor children may also request the records of their minor children. We require you to send a written request to Privacy Officer, Integrity Chiropractic 18598 Elk River Trail #204 Farmington, MN 55024. If you request copies, we may charge you a fee to cover the costs of copying, mailing and other supplies. We may deny your request to review and copy in certain limited circumstances. If we deny your request, you may be entitled to a review of that denial.

Some state laws allow minors to keep some records confidential from parents or guardians in certain cases. If a minor chooses to use his or her parents' insurance or payment information, we cannot assure that the records will be kept confidential. Minors must notify I.C./Dr. Fink in writing in situations where the minor believes the information should be kept confidential so that I.C./Dr. Fink can make a determination about whether the information must be shared with a parent or guardian. Dr. Fink/Associate D.C.'s are permitted to inform the parent or guardian if in the judgment of the doctor, failure to inform the parent or guardian would seriously jeopardize the health of the minor patient.

Amendment: If you feel that your PHI is incorrect or incomplete, you have the right to request that we amend it. We require you to send a written request to Privacy Officer, Integrity Chiropractic 18598 Elk River Trail #204 Farmington, MN 55024.

You must include a reason to support your request. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be included in your records.

Accounting of Disclosures: You have the right to receive a list of disclosures we have made of your PHI. This right does not apply to disclosures for treatment, payment, health care operations, and certain other purposes. We require you to send a written request to Privacy Officer, Integrity Chiropractic 18598 Elk River Trail #204 Farmington, MN 55024.

Your request must specify a time period, but may not be longer than six years from the date of this request, and must not go back further than April 14, 2003.

Restrictions Requests: You have the right to request that we place restrictions on our use or disclosure of your PHI for treatment, payment and health care operations. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency). We require you to send a written request to Privacy Officer, Integrity Chiropractic 18598 Elk River Trail #204 Farmington, MN 55024.

Confidential Communication: You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location. For example, you may ask that we contact you only at work or by mail. You must specify how or where you wish to be contacted. We will accommodate all reasonable requests. We require you to send a written request to Privacy Officer, Integrity Chiropractic 18598 Elk River Trail #204 Farmington, MN 55024.

Others Acting on Your Behalf: These rights may also be exercised by someone who has the legal right to act on your behalf.

Copy of this Notice: You are entitled to receive a printed (paper) copy of this notice at any time. We require you to send a written request to Privacy Officer, Integrity Chiropractic 18598 Elk River Trail #204 Farmington, MN 55024.

For More Information or to Report a Problem: Contact HIPAA Privacy Officer Integrity Chiropractic 18598 Elk River Trail #204 Farmington, MN 55024 (651) 463-2007 or (651) 428-2247.

You may also submit a written complaint to the U.S. Department of Health and Human Services at the address below:

**U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201**

We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.

Patient Signature: _____ Date: _____.