

# Notice of Privacy Practices

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

This Notice of Privacy Practices (“Notice”) describes the ways we may use and disclose your health information in order to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this Notice. A copy of our current Notice will always be posted in our reception area. You will also be able to obtain your own copy by calling (913) 234-0600 or asking for one at the time of your next visit.

The effective date of this Notice is March 28, 2016.

## **I. Who Will Follow This Notice**

This Notice applies to Cleveland University-Kansas City (“Cleveland”) and its faculty, employees and students to which health information of Cleveland’s Health Center patients is shared. This Notice also applies to other health care and service providers who, in the process of providing services to Cleveland, have access to protected health information. As a condition to providing services to Cleveland, such providers must agree to comply with all of Cleveland’s policies regarding patient privacy.

## **II. What Health Information is Protected**

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information indicating that you are a patient or receiving treatment or other health-related services from us;
- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future; or
- information about your health care benefits under an insurance plan;

*when combined with:*

- demographic information (such as your name, address, or insurance status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver’s license number); or
- other types of information that may identify who you are.

## **III. How We May Use and Disclose Health Information About You**

We may use your health information or share it with others in order to provide health care services to you, obtain payment for those services, and run normal business operations. Your health information may also be shared with your other health care providers so that they may jointly perform certain payment activities and business operations along with our health care

practice. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed.

**A. Treatment**

We may use health information about you to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and/or treat you. We may also disclose your information to other physicians or health care providers who may be treating you when we have the necessary permission from you to disclose that information

**B. Payment**

Your health information will be used, as needed, to obtain payment for health care services that you receive at Cleveland. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, or undertaking utilization review activities.

**C. Health Care Operations**

We may use and disclose your health information in order to support Cleveland's business activities. These uses and disclosure are necessary to run the Health Center and make sure that all of our patients receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our faculty, interns and staff in caring for you or we may send you a patient satisfaction survey. We may also aggregate medical information of multiple Cleveland patients to decide what additional services Cleveland should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, technicians, interns, and other Cleveland personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**D. Waiting Room and Appointment Reminders**

We use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your intern/physician. We may also call you by name in the waiting room when your intern/physician is ready to see you. We may use and disclose your medical information as a reminder that you have an appointment at Cleveland University-Kansas City.

**E. Health-Related Benefits and Services**

We may use and disclose your medical information to tell you about health related benefits, services, or wellness classes that may be of interest to you.

**F. Individuals Involved in Your Care or Payment for Your Care**

We may release medical information about you to individuals you designate as a care giver (a friend or family member). We may also give information to someone who helps pay for your care.

**G. Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**H. Marketing Activities**

We may use information about you to contact you in an effort to market Cleveland, its educational programs and its health care operations. For these activities, Cleveland may retain an outside agency for assistance. In this instance, we would only release contact information, such as your name, address and phone number, and the dates you received treatment or services at Cleveland. You must notify Cleveland Chiropractic College's Compliance Officer in writing (see last page for contact information) if you do not want Cleveland to use your contact information for its marketing activities.

**I. Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. Your specific permission will be requested if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Cleveland Chiropractic College.

**J. As Required By Law**

We will disclose health information about you when required to do so by federal, state or local law.

**K. Public Health Risks (Health and Safety to You and/or Others)**

We may disclose health information about you for public health activities. We may use and disclose health information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report child abuse or neglect;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

**L. Health Oversight Activities**

We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care

system, government benefit programs, other government regulatory programs and civil rights laws.

**M. Lawsuits and Disputes**

We may disclose health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**N. Law Enforcement**

We may disclose your health information to law enforcement officials for certain reasons, such as complying with court orders, assisting in the identification of fugitives or the location of missing persons, or if necessary to report a crime that occurred on our property.

**O. Coroners, Medical Examiners, and Funeral Directors**

We may disclose health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

**P. Military Activity and National Security**

When the appropriate conditions apply, we may use or disclose health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; (3) to a foreign military authority if you are a member of a foreign military service; or (4) for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Q. Other Uses of Health Information**

Other uses and disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing except to the extent that Cleveland has taken an action in reliance on the use or disclosure indicated in the authorization. Prior written authorization is required and will be obtained for *most* uses and disclosures of PHI: (1) that are psychotherapy notes; (2) for marketing purposes; (3) where Cleveland receives remuneration in exchange for disclosing such health information; and (4) any other uses and disclosures uses and disclosures of health information not described in this Notice.

**IV. Your Rights Regarding Health Information About You**

You have the following rights, subject to certain limitations, to access and control your health information:

**A. Right To Inspect and Copy Records**

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To

inspect or obtain a copy of your health information, please submit your request in writing to the Health Center's HIPAA Compliance Officer at 10850 Lowell Ave., Overland Park, KS 66210. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide a written denial that explains our reasons for doing so, and a complete description of your rights to have that decision reviewed and how you can exercise those rights.

**B. Right To Amend Records**

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept in our records. To request an amendment, please write to the Health Center's HIPAA Compliance Officer at 10850 Lowell Ave., Overland Park, KS 66210. Your request should include the reasons why you think we should make the amendment. If we deny part or all of your request, we will provide a written Notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.

**C. Right To an Accounting of Disclosures**

You have a right to request an "accounting of disclosures," which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice. Many routine disclosures we make will not be included in this accounting; however, the accounting will include many non-routine disclosures.

To request an accounting of disclosures, please write to the Health Center's HIPAA Compliance Officer at 10850 Lowell Ave., Overland Park, KS 66210 and indicate a time period within the past six years for the disclosures you want us to include. You have a right to receive one accounting within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12 month period.

**D. Right to Request Additional Privacy Protections**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. To request restrictions, please write to the Health Center's HIPAA Compliance Officer at 10850 Lowell Ave., Overland Park, KS 66210. We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction. You have the right to restrict certain disclosures of health

information to a health plan where you pay, or someone on your behalf has paid for out of pocket and in full. You have the right to revoke the restriction at any time.

**E. Right to Request Confidential Communications**

You have the right to request that we contact you about your medical matters in a way that is more confidential for you, such as calling you at home instead of at work. To request more confidential communications, please write to the Health Center's HIPAA Compliance Officer at 10850 Lowell Ave., Overland Park, KS 66210. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.*

**F. Right to Have Someone Act On Your Behalf**

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

**G. Right to Obtain a Copy of Notices**

If this Notice is provided electronically, you have the right to a paper copy of this Notice, which you may request at any time. To do so, please call the Health Center's HIPAA Compliance Officer at (913) 234-0600. You may also obtain a copy of this Notice by requesting a copy at your next visit. We may change our privacy practices from time to time. If we do, we will revise this Notice so you will have an accurate summary of our practices. We will post any revised Notice in our [waiting room/reception area]. You will also be able to obtain your own copy of the revised Notice. The effective date of the Notice will always be noted in the top right corner of the first page. We are required to abide by the terms of the Notice that is currently in effect.

**H. Right to Be Notified Following a Breach of Unsecured Protected Health Information**

If you are affected by a breach of your unsecured protected health information (as defined in 45 C.F.R. 160.103), you have the right to, and will, receive notice of such breach.

**V. Our Responsibilities**

**A. Maintain Privacy and Security of Health Information**

We are required by law to maintain the privacy and security of your health information.

**B. Breach Notification**

We will let you know if a breach occurs that may have compromised the privacy or security of your health information.

**C. Compliance with Notice**

We must follow the duties and privacy practices described in this Notice and give you a copy of it.

**D. Other Use of Health Information**

We will not use or share your health information other than as described in this Notice unless you tell us we can in writing. If you tell us that we can, you may change your mind at any time. Let us know in writing if you do change your mind.

**VI. Open Treatment Area**

Our Chiropractic Health Center utilizes an open treatment area for our therapy modalities and our rehabilitation exercises. An open area may result in several patients being cared for in the same room at the same time, and some ongoing details of your care may be discussed and heard by other patients and staff. This environment is not used for history, examination and report of findings, which are completed in a private, confidential setting. If you are concerned about the privacy of your health information in an open treatment area, please ask your intern to avoid discussing your condition in this environment, and to take you to a private room after the therapy session for further discussion about your care.

We also have an open door policy during the treatments allowing us to better supervise your care. Incidental disclosure of private health information related to our open door environment could happen but are very unlikely and our interns are trained to take all necessary precautions to prevent it.

**VII. Changes to this Notice**

Cleveland reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.

**VIII. Questions or Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights by us. You may file a complaint with us by notifying our Compliance Officer at (913) 234-0600 and completing a complaint and resolution form. You may also file a complaint with the U.S. Department of Health and Human Services by either sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. You will not be penalized for filing a complaint.

**For Questions Please Contact:**

Attn: HIPAA Compliance Officer  
Cleveland University-Kansas City Chiropractic Health Center  
10850 Lowell Ave.  
Overland Park, KS 66210  
(913) 234-0600