

Casabona Chiropractic Privacy Manual

The doctor and staff at Casabona Chiropractic are committed to providing quality health care to our patients. In order to provide quality care, we feel it is imperative to ensure that all of our patient records are maintained in a professional manner.

The Federal Government has enacted privacy regulations entitled HIPAA. We are also required by state laws to keep patient records confidential. We take the responsibility for following these laws and regulations seriously. As such, the following pages will outline the steps that have been taken at Casabona Chiropractic to ensure that your privacy is maintained in accordance with Federal and State guidelines.

Casabona Chiropractic
7562 N. La Cholla Blvd.
Tucson, AZ 85741

Notice of Privacy Practices

IN ACCORDANCE WITH UPDATED HIPAA/HITECH, FEDERAL REGULATIONS, THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

About this notice

This Notice will tell you about the ways we may use and disclose Personal Health Information, (PHI) that identifies you ("Personal Health Information"). We also describe your rights and certain obligations we have regarding the use and disclosure of Personal Health Information. We are required by law to maintain the privacy of Personal Health Information that identifies you; give you this Notice of our legal duties and privacy practices with respect to your Personal Health Information; and follow the terms of our Notice that are currently in effect. This Notice covers the chiropractic practices of Dr. Casabona, known as Casabona Chiropractic, and all other owned or controlled, allied health professional offices and/or other practice plans, including but not limited to massage therapists, physical therapists, MD's and any other allied health professionals when practicing on practice owned or leased space, as well as their clinical support staff.

How we may use and disclose Personal Health Information about you

The following categories describe different ways that we may use and disclose Personal Health Information.

For Treatment

We may use Personal Health Information about you to provide you with medical treatment or services. We may disclose Personal Health Information to doctors, nurses, technicians, or other personnel who are involved in taking care of you. For example, a massage therapist, or physical therapist treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. We also may disclose Personal Health Information to people outside our practice who may be involved in your medical care.

For Payment

We may use and disclose Personal Health Information so that we may bill for treatment and services you receive at our office and can collect payment from you, an insurance company or another third party. For example, we may need to give your health plan information about your treatment in order for your health plan to pay for such treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. In the event a bill is overdue we may need to give Personal Health Information to a collection agency as necessary to help collect the bill or may disclose an outstanding debt to credit reporting agencies.

For Health Care Operations

We may use and disclose Personal Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Personal Health Information to review the treatment and services you receive to check on the performance of our staff in caring for you. We also may disclose information to outside chiropractors, doctors, nurses, technicians, and other personnel for educational and learning purposes. The entities and individuals covered by this Notice also may share information with each other for purposes of our joint health care operations.

**Appointment Reminders/Treatment Alternatives/Health-Related
Benefits and Services**

We may use and disclose Personal Health Information to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

**Fundraising
Activities**

We may use your demographic information, including name, address, health insurance status, age, and gender, as well as certain treatment information, including the dates that you received treatment, place in which you received treatment, name of an associate chiropractor, and certain information about the outcome of your treatment to contact you for fundraising purposes.

You have the right to opt out of receiving fundraising communications at any time. If you wish to be removed from future fundraising communications, please contact us by telephone (520) 498-9984 or e-mail casabonachiropractic@gmail.com.

Individuals Involved in Your Care or Payment for Your Care

We may release Personal Health Information to a person who is involved in your treatment or medical care that helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research

Under certain circumstances, we may be affiliated with an outside entity or college of chiropractic and disclose Personal Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received a type of treatment or modality to those who received another, for the same condition. Before we use or disclose Personal Health Information for research, however, the project will go through a special approval process. This process evaluates a proposed research project and its use of Personal Health Information to balance the benefits of research with the need for privacy of Personal Health Information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any Personal Health Information.

As Required by Law

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

To Avert a Serious Threat to Health or Safety

We may use and disclose Personal Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

Business Associates

We may disclose Personal Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation

If you are an organ or tissue donor, we may release Personal Health Information to your medical doctor or organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release Personal Health Information as required by military command authorities. We also may release Personal Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation

We may release Personal Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose Personal Health Information for public health activities. These activities generally include disclosures to: a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make such disclosure.

Health Oversight Activities

We may disclose Personal Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose Personal Health Information in response to a court or administrative order. We also may disclose Personal Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release Personal Health Information if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; limited information to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities and Protective Services

We may release Personal Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We also may disclose Personal Health Information to authorized federal officials so

they may conduct special investigations and provide protection to the President, other authorized persons and foreign heads of state.

Coroners, Medical Examiners and Funeral Directors

We may release Personal Health Information to a medical doctor, coroner, medical examiner or funeral director if applicable, so that they can carry out their duties.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Personal Health Information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental Personal Health Information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may contact us for more information about these protections.

Other Uses of Personal Health Information

Other uses and disclosures of Personal Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. For example, except for limited circumstances allowed by federal privacy law, we will not use or disclose information about you, sell your Personal Health Information to others, or use or disclose your Personal Health Information for certain promotional communications that are considered marketing under federal law, without your written authorization. Once you give us authorization to release your Personal Health Information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may revoke your authorization at any time by submitting a written request to us, except to the extent that we acted in reliance on your authorization.

Your Rights Regarding Personal Health Information About You

You have the following rights, subject to certain limitations, regarding Personal Health Information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy Personal Health Information that may be used to make decisions about your care or payment for your care. If we maintain a copy of your Personal Health Information electronically, you also have the right to obtain a copy of that information in electronic format. You can also request that we provide a copy of your information to a third party that you identify. We may deny your request to inspect or copy your medial information in limited circumstances. If we deny you request, you have the right to have the denial reviewed. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Amendments

If you feel that Personal Health Information we have is incorrect or incomplete, you may ask us to amend the information and you must tell us the reason for your request. You have the right to request an amendment for as long as the information is kept by or for

_____ . A request for amendments must be submitted, in

writing, to us at the address provided at the end of this notice. We may deny your request for an amendment in limited circumstances. If we deny your request, you may have a statement of disagreement added to your Personal Health Information.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" of Personal Health Information. This is a list of certain disclosures we made of Personal Health Information prior to your request but no more than six years prior to your request. We are not required to account for certain disclosures including disclosures for treatment, payment or health care operations or disclosures to you or pursuant to your authorization. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.

Right to Request Restrictions

You have the right to request a restriction or limitation on the Personal Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Personal Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to assist in you obtaining emergency treatment.

Right to Be Notified of a Breach

You have the right to be notified if a breach occurs that may have compromised the privacy or security of your Personal Health Information.

Right to Restrict Certain Disclosures to your Health Plan

You have the right to request that we not disclose Personal Health Information to your health plan if that information relates to health care items or services for which you have paid out of pocket, in full, at the time that the service is provided. You must notify the practice of your request to not provide Personal Health Information about the service to your health insurance plan. We will agree to such requests unless required by law to disclose that information to the health plan.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your condition and treatment matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may obtain a copy of this at our office

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to us at the address listed at the end of this Notice. Alternatively, to exercise your right to inspect and copy Personal Health Information, you may contact us directly. To obtain a paper copy of our Notice, contact us by phone or mail.

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Personal Health Information we already have as well as any information we receive in the future. We will provide a copy of the current Notice at our office or on www.dracasabona.com. The end of our Notice will contain the Notice's

effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us at the address listed at the end of this notice. You will not be penalized for filing a complaint.

Questions

If you have a question about this Privacy Notice please contact:

Casabona Chiropractic
7562 N. La Cholla Blvd.
Tucson, AZ 85741

Phone: (520) 498-9984

Effective date: September 23, 2013

HIPPA Compliant Patient Authorizations and Releases

This authorization is required in order to meet Federal and State privacy guidelines. This information is being requested so that we can better meet your health care needs. However, should you decline to authorize any of the items listed, it will not affect the treatment that we provide you. You may also put certain limitations on the use of your information. This must be done in writing. You are not required to sign this form but, rather, are only requested to do so. Please initial each area and sign below.

Please refer to our "Privacy Manual" in our waiting room for details on the extensive measures we have taken to protect your personal information. If you feel that we are not meeting those policies or have any suggestions on how we need to amend those policies, please share your feelings with one of our staff.

Consent for Treatment:

Accept Decline I hereby authorize Dr. Richard Casabona, D.C. and whomever he may designate as his assistant (s) to perform diagnostic tests, including but not limited to radiographs, photographs, videos, and to administer treatment as necessary in the **open gym/rehab** setting.

Release of Medical Information:

Accept Decline I hereby authorize Dr. Richard Casabona, D.C. to release any medical information pertinent to my treatment plan to my family physician, employer, attorney, or insurance company if necessary.

Consent for Treatment of a Minor:

Accept Decline I hereby authorize Dr. Richard Casabona, D.C. and whomever he may designate as his assistant (s) to perform diagnostic tests, including but not limited to radiographs, and to administer treatment as he deems necessary to my (relation to child) _____, (child's name) _____.

Payment of Benefits to Provider:

Accept Decline I hereby authorize the _____ insurance company/insurance administrator to pay by check, and for it to be mailed directly to: Dr. Richard Casabona, D.C., 7562 N. La Cholla Blvd., Tucson, AZ 85741 the expense benefits allowable and otherwise payable to me under my current policy, as payment toward the total charges for professional services rendered. I have agreed to pay, in a current manner, any balance of said applicable charges. I agree that this office be given power of attorney to endorse/sign my name on any and all drafts for payment of my bill.

X-Ray/Records Release:

Accept Decline (patient's name) _____ (Location of records) _____
I hereby request and authorize you and your employees to furnish all copies of records and reports, including copies of x-rays and photo copies, of all records and any other information concerning any condition that I may have had in the past. Please forward to: Dr. Richard Casabona, D.C., 7562 N. La Cholla Blvd., Tucson, AZ 85741.

Personal Injury/Worker's Compensation:

_____ I understand that it is office protocol for Casabona Chiropractic to file a County Lien against myself, my insurance company (if any), and my attorney (if any) in order to ensure payment for services after the case has been settled, at which point, the lien (s) will be released.

Accept Decline I give permission to call me at home

Accept Decline I give permission to call me at work

Accept Decline I give permission to send mail to my home regarding treatment

I authorize the staff and doctor (s) at Casabona Chiropractic to use my personal and health information as outlined above and in their Privacy Manual.

Print Name: _____

Signature: _____

Witness: _____

Date: _____

Your Right To Receive Confidential Communication Regarding Your Health

We normally provide information about your health to you in person at the time you receive chiropractic services from us. We may also mail you information regarding your health or about the status of your account. We will do our best to accommodate any reasonable request if you would like to receive information in a different form. To help us respond to your needs, please make any request in writing.

Your Right To Complain

You may complain to us or to the Secretary for Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. While you may make an oral complaint at any time, written comments should be addressed to:

Casabona Chiropractic
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Our HIPAA Compliance Officer is Joann Casabona. All complaints and/or inquiries should be directed to her.