

# Bronston ChiroMed LLC

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

### Effective September 1 2013

This notice of privacy practices describes how *Bronston ChiroMed LLC* manages and protects your personal information. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

### This notice is divided into two sections:

1. An overview of our privacy practices; and
2. A more detailed description of our privacy practices and rights for our patients.

---

### Section 1 – Summary Notice

We are required by law to maintain the privacy of your personal information and abide by the terms of this notice. We reserve the right to change the terms of this notice. If you are a patient, a current notice will be prominently displayed at our care delivery sites and given to you if you ask. Our privacy notice is also available at [www.bronstonchiro.com](http://www.bronstonchiro.com)

We use and disclose your personal information to help with your treatment, payment for your treatment and our health care operations, and in other ways permitted or required by law. When the law requires us to get your permission before we release your information to another organization or person, we do so as described in the more detailed portions of this notice.

You have several other rights related to your privacy. Those rights, and how you may exercise them, are described in the more detailed portions of this notice.

### Section 2 – Description of Care Delivery Privacy Practices

This portion of our privacy notice describes how we, as a health care providers, manage and protect patients' and former patients' personal information. It also describes how you, as a patient, may exercise your rights with regards to your personal information.

#### *What Is "Personal Information?"*

"Personal information" is information about you that relates to your past, present or future physical or mental health, payment for health care services, or the provision of health care services. Personal information includes information we receive from you on applications and other forms, including demographic information such as your name, address and phone number, as well as your social security number, age, date of birth, dependents and health history.

#### *How Does Bronston ChiroMed LLC Protect My Personal Information?*

We permit access to your personal information by our staff and others only to the extent they need that information to conduct or support treatment, payment or health care operations or to comply with legal requirements. We maintain physical, electronic and administrative safeguards designed to protect your personal information and prevent unauthorized access.

#### *How Does Bronston ChiroMed LLC Use and Disclose My Personal Information?*

We use and disclose your personal information only to the extent reasonably necessary to conduct or support treatment, payment or other health care operations, or as otherwise authorized by you or by law. **We never sell or rent your personal information to anyone.** Examples of how we use and disclose your personal information include, but are not limited to:

- **Treatment.** We use your health information to treat you and coordinate your care. To treat you properly, we may need to share your health information other health care professionals and staff taking care of you at *Bronston ChiroMed LLC*. We will ask for your consent before sharing your health information with health care providers outside of *Bronston ChiroMed LLC* unless it is an emergency or required by law.
- **Shared electronic health records / health information.** *Bronston ChiroMed LLC* uses a shared electronic health record that allows care providers within *Bronston ChiroMed LLC* to store, update and use your health information. They may do so as needed at the time you are seeking care, even if they work at different clinics and hospitals. We do this so it is easier for your providers to access your health information when you are seeking care and to better coordinate and improve the quality of your care. If you receive care from more than one provider who uses the shared electronic health record, your health information will be combined into one record. Once information is combined, it cannot be separated in the future. This shared electronic health record is a secure system. *Bronston*

## Bronston ChiroMed LLC

*ChiroMed LLC* and the providers using the system are trained to ensure your information is private.

- **Appointment reminders.** We may use and share your health information to remind you of an appointment.
- **Treatment alternatives and health-related services.** We may use and share your health information to tell you about treatment options and health-related benefits or services that you may be interested in.  
**Payment.** We use and share your health information so that we can bill you or whoever is responsible for paying for your care. However, if you pay for services out of pocket, you have the right to prohibit us from disclosing your personal information related to the private-pay services to your insurance company or for our health care operations, unless required by law.
- **Health care operations.** We may use and share your health information to help run our clinic and make sure that all of our patients are getting quality care. For example, we may use health information to review our services and the staff caring for you. We may also combine health information about many patients to see if new treatments are effective.
- **Fundraising.** We may contact you to raise money for Community Health Awareness. We will only share “contact information”: your name, address and phone number, and the dates you were treated. If you are contacted for a donation, you can choose not to be contacted again.
- **People involved in your care or payment for your care.** We may share your health information with family members or friends involved in your health care or with those helping to pay for your care. If you do not want us to share information with family members or friends involved in your care, please tell us when you register at the clinic. In the event of a disaster, we may share your health information with those helping with disaster relief so that your family can know what has happened to you and where you are.
- **Research.** We may use or share your health information for research. Using medical records in research can lead to new or better ways to diagnose and treat disease. The law allows your records to be used for research under certain conditions. For example, a research review board must first ensure that researchers will keep your information private. *Bronston ChiroMed LLC* will not use your health information for research unless you give us permission in writing or the research review board decides that permission is not needed. In the latter case, researchers must prove that the project is so important they do not need permission. They must also show they have a plan to protect your information. Unless we have your permission in writing, *Bronston ChiroMed LLC* will not give your health information to outside researchers for use in medical research. If you object to the use of your health information for research

purposes, write send written notice to the address at the end of this Notice of Privacy Practices.

- **As required by law.** We will share your health information when required to do so by federal, state or local law. For example, we are required to report child abuse or neglect.
- **Special Situations.**

### *A serious threat to health or safety*

We may use or share your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would only give this information to someone who can prevent the threat.

### *Organ and tissue donation*

If you are an organ donor, we may share your health information with organizations that handle organ or tissue donation and transplantation.

### *Military and veterans*

If you are a member of the armed forces, we may share health information as required by military authorities.

### *Workers' compensation*

If you are being treated for a work-related injury or condition, we may share your health information with workers' compensation or similar programs.

### *Public health risks*

We may share your health information with public health or authorized government authorities:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report problems with medicines and other products;
- to tell people about recalls of products they may be using;
- to let a person know if he or she may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- if we believe you have been the victim of abuse, neglect or domestic violence. We will only share this information if you say we can or when required or authorized by law.

### *Health oversight activities*

We may share health information for health oversight activities as authorized by law. Examples of oversight activities include audits, investigations, inspections and licensing. These activities are needed for the government to oversee the health care system.

### *Lawsuits and disputes*

If you are involved in a dispute or lawsuit, we may share your health information if required by court order. We may also

## Bronston ChiroMed LLC

share your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but usually only if you give us permission.

### *Law enforcement*

We may share health information with law enforcement agencies:

- in response to a court order, grand jury subpoena, warrant, summons or similar process;
- to identify someone who has died;
- to locate a missing person;
- about a death that may be the result of criminal conduct;
- about criminal conduct at the clinic;
- in emergency situations to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime; and
- in other situations as required by law.

### *Coroners, medical examiners and funeral directors*

We may give health information to a coroner or medical examiner. We may need to this, for example, to identify someone who has died or to determine the cause of death. We may also give health information to funeral directors as needed to carry out their duties.

### *National security and intelligence activities*

We may give health information to authorized federal officials for activities authorized by law.

### *Inmates*

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information:

- so that the correctional institution can provide care to you;
  - to protect your health/safety or the health/safety of others; or
  - for the safety and security of the correctional institution.
- **Other uses of health information.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you have given us written permission to use or share your health information, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share your health information for the reasons listed on your written permission. Of course, we cannot take back any information we have already shared with your permission.

### *When is My Permission Required for Bronston ChiroMed LLC to Use or Disclose My Personal Information?*

There may be times when we use or disclose your personal information in a way that is not considered treatment, payment or health care operations or is not required or permitted by law. In those situations, we are required to get your specific written authorization to do so. For example, if someone contacts *Bronston ChiroMed LLC* on your behalf, we may need you to sign a release of information before we can provide information to them. In some situations, your verbal authorization will allow us to talk with others on your behalf about a specific event or concern. For long-term arrangements, a written authorization will be required. If you do not wish to give your authorization for the proposed activity, you may do so with no fear of reprisal. You may revoke your authorization, in writing at any time, except if we have already relied upon it.

### **Uses and Disclosures for Market Research**

We sometimes conduct market research and surveys to help us design and improve our programs, communications and services to better meet our patients' needs. While we never give your personal information to anyone for their own marketing purposes, on occasion we contract with nonaffiliated parties to perform market research activities on our behalf.

### *You Have Opt-Out Choices Regarding Information Disclosure*

If you prefer that we not disclose personal information about you, you may opt out of certain types of disclosures, described below.

- Market research conducted by nonaffiliated parties. If you opt out, we will not give your name or other personal information to nonaffiliated organizations to perform market research activities on our behalf. However, you may still be contacted by us directly, or you may be contacted by a nonaffiliated party if we are required by law or for accreditation purposes to conduct member satisfaction or quality surveys.
- Health research conducted by nonaffiliated parties. Opting out in this case means that we will not give your name or other personal information to nonaffiliated organizations for use in conducting health research. You may still be contacted by *Bronston ChiroMed LLC* or an affiliate for research purposes, or by a non-affiliated party if we are so required by law.

If you do not want us to share your personal information with nonaffiliated parties for purposes of market research or health research, please send written notice to the address listed in this notice of privacy practices.

### *What Are My Privacy Rights and How Do I Exercise Them?*

State and federal laws give patients several rights that relate to the privacy of their personal information. Each of these rights is described below.

## Bronston ChiroMed LLC

You have the right to be notified by us of any release of your unsecured personal information that is unauthorized either by law or by you.

- Right to Access Your Personal Information

We maintain a designated record set of patient health information that helps us provide care to you. You have the right to review and get a copy of your personal information that we maintain in the designated record set. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed.

- Right to Request an Amendment of Your Personal Information

You have the right to request an amendment (change) of your personal information in the designated record set. However, we are not required to agree to your requested change. If we do not agree, you may file a written statement of disagreement with our decision.

- Right to Request a Restriction of Your Personal Information

You have the right to ask us not to use or disclose your personal information for certain purposes. However, we are not required to agree to your request.

If you pay for services out of pocket, you have the right to prohibit us from disclosing your personal information related to the private-pay services to your insurance company or for our health care operations, unless required by law.

- Right to Request Confidential Communications

You have the right to ask us to communicate with you about confidential matters by alternative means or at alternative locations, and we will abide by your request if we can.

- Right to Receive an Accounting of Disclosures

Subject to certain exceptions, you have the right to receive from us an accounting (listing) of instances when we released your personal information to nonaffiliated third parties.

- Marketing and Sale of Medical Information

Most uses and disclosures of your medical information for marketing purposes or that constitute a sale of your medical information require your authorization. We are prohibited from selling your medical information without your authorization. You have the right to opt out of receiving any fund-raising communication.

- Right to Notice of Unauthorized Release of unsecured medical information

- Right to Obtain a Copy of this Notice

You can request an additional copy of this notice by contacting Member Services. This notice is also available on our Web site at [www.bronstonchiro.com](http://www.bronstonchiro.com)

### **How can I make a complaint about the privacy practices?**

If you believe we have violated your privacy rights, you may complain to us directly (see below) or to the Office for Civil Rights, United States Department of Health and Human Services.

### **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

### **Whom should I call if I have questions?**

We encourage you to contact us if you have any questions or concerns about this Notice of Privacy Practices or if you wish to exercise your privacy rights.

You may contact our Privacy Officer at 608-781-2225 or by writing to 1202 County Rd PH Suite 100 Onalaska WI 54650

### **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 information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the clinic. The notice will contain the effective date. In addition, each time you receive services at the clinic, may obtain a copy of the current notice in effect.