HIPAA Notice of Privacy Practices for OptiLife Chiropractic

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION.

POLICY STATEMENT: This Practice is committed to maintaining the privacy of your protected health information ('PHI"), which includes information about your medical condition and the care and treatment you receive from the Practice and other health care providers. This Notice detail how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Practice, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI: The Practice may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Practice. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

Care / Treatment - In order to provide care to you, the Practice will provide your PHI to those health care professionals directly involved in your care so they may understand your medical condition and needs and provide advice or treatment. For example, your physician may need to know how your condition is responding to the treatment provided by the Practice.

Payment - In order to get paid for the health care provided by the Practice, the Practice may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, the Practice may need lo provide your health insurance carrier with information about health care services you received from the Practice so the Practice may be properly reimbursed.

Health Care Operations - In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to provide quality and efficient care, it may be necessary for the Practice to compile, use and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice's personnel in providing care to you.

Note: Genetic information is protected by law and is not considered part of Health Care Operations.

Appointment Reminders • The Practice may contact you to provide appointment reminders. The reminder may be in the form of a text/email or letter. The Practice will try to minimize the amount of information contained in the reminder. The Practice may also contact you by phone and, if you are not available, the Practice will leave a message for you.

Marketing to Patients - The Practice may contact you about treatment alternatives it offers, or other health benefits or services that may be of interest to you. Another example of contact: holiday greetings or newsletters via mail or email. This applies only if the practice receives no financial remuneration for making the communication. All other situations require separate authorization. (See authorization section for other description.)

In Addition - This office may call you by name in the waiting or adjusting room. To promote a less stressful and time efficient environment, most office visits are performed in a semi-open area where complete privacy of your name and health information will be respected but cannot be guaranteed. Special appointment times are available b request for discussion of private or confidential matters.

Fundraising- To the extent that the Practice engages in fundraising activities (i.e. appeals for money, help, or event sponsorships), certain types of PHI may be disclosed for these purposes, unless you specifically 'opt out' of receiving notification. To 'opt out', call or email the Practice to be excluded from fundraising campaigns.

AUTHORIZATION NOT REQUIRED: The Practice may use and/or disclose your PHI, without a written Authorization from you, in the following instances: When Required by Law, Public Health Activities, Federal Drug Administration, Communicable Diseases, Health Oversight Activities, Abuse, Neglect or Domestic Violence, Judicial &Administrative Proceeding or Legal Proceedings, Law Enforcement Purposes, Specialized Government Functions, Criminal Activity, Inmates, Military Activity, National Security, Coroner or Medical Examiner, Organ, Eye or Tissue Donation, Research, Avert a Threat to Health or Safety, Disaster Relief Efforts, Workers' Compensation, Emergencies and any listed below.

De-identified Information - Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.

Business Associate - To a business associate, who is someone the Practice contracts with to provide a service necessary for your treatment, payment for your treatment and/or health care operations (e.g., billing service or transcription service). The Practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and their subcontractors will appropriately safeguard your PHI.

Personal Representative - To a person who, under applicable law, has the authority to represent you in making decisions, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.

Family & Friends - Unless expressly prohibited by you, the Practice may disclose PHI to a members of your family, a relative, a close friend or any other person you identify as it directly relates to that person's involvement in your health care. If you do not express an objection or are unable to object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment. This does not include providing them with copies of any of your private health information unless you have signed an authorization/request

Form. I give my permission to discuss my treatment with the following Person/Relationship:_____

AUTHORIZATION: Uses and/or disclosures, other than those described above, will be made only with your written authorization These authorizations may be revoked at any time, however, we can not take back disclosures already made with your permission.

We also will NOT use or disclose your PHI for the following purposes, where applicable, without your express written authorization:

Marketing- The practice will obtain prior authorization before disclosing PHI in connection with marketing activities in which financial remuneration is received.

Sales- The Practice may receive payment for sharing your information in specific situations (i.e. public health purposes or specific research projects).

Specially protected information- Certain types of information such as psychotherapy notes, HIV status, substance abuse, mental health, and genetic testing information require their separate written authorization for the purposes of treatment, payment or healthcare operations.

YOUR HEALTH INFORMATION RIGHTS: Although your health record is the physical property of OptiLife Chiropractic LLC the information belongs to you, you have the right to:

Inspect: PHI, you must submit a written request to the Practice's Privacy Officer. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed. The Practice may charge you a fee (to cover costs incurred by the practice to reproduce records) for the cost of copying, mailing or other supplies associated with your request.

The office follows Florida Statute 460.413 which Requires Chiropractic Physicians to Retain ALL Original Records & original x-rays for at least 4 years. Rule 6488-10.003, FL Adm. Code allows physicians to charge $1.00 per page for the 1st 25 pages and 25 cents for each additional page & the actual cost of reproducing non-written records such as x-rays.
This office utilizes Professional Duplication for the copying or duplication of X-Rays as this office does not have the ability to duplicate x-rays. Florida laws can be found at www.leg.stat.fl.us/statutes.

- Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer. Marketing revocations may be submitted to the Practice via telephone or email.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.
- Restrict disclosures to your health plan when you have paid out-of-pocket in full for health care items or services provided by the Practice.
- Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.
- Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the originating individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you have the right to submit a written statement of disagreement.
- Receive an accounting of non-routine disclosures of your PHI as provided by law. To request an accounting, you must submit a written request *to* the Practice's Privacy Officer. The request must state a time period which may not be longer than six years and may not include \he dates before January 1, 2006. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12 month period will be free, but the Practice may charge you for the cost of providing additional lists in that same 12 month period. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- Receive a paper copy of this Notice of Privacy Practices from the Practice upon request.
- To file a complaint with the Practice, please contact the Practice's Privacy Officer. All complaints must be in writing. If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights. Our Privacy Officer will furnish you with the address upon request.
- To obtain more information, or have your questions about your rights answered, please contact the Practice's Privacy Officer. Jordan Alvarez (813)926-9500 Fax(813)433-5517 or email us at optilifechiro@gmail.com or mail to the office address.

I have received a copy of this office's Notice of Privacy Practices & Consent to the use and disclosure of protected health information by OptiLife Chiropractic LLC, staff and business associates for treatment, payment, healthcare operations and additional uses listed above. I understand that I have certain rights to privacy regarding my Protected health information. I have reviewed, acknowledged and understand the content of the Notice of Privacy Practices.

Print Patient Name:_____ Parent/Guardian Name:_____

Signature:_____ Date:_____

Office Use Only: We attempted to obtain written acknowledgement of receipt of our notice of privacy practices, but acknowledgment could not be obtained because: ☐ Refuse to sign ☐ Emergency situation