

# LOGAN UNIVERSITY

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## CHIROPRACTIC HEALTH CENTERS

### Notice of HIPAA Privacy Practices

This notice describes how personal health information about you may be used and disclosed and how you can receive access to this information. PLEASE REVIEW THIS CAREFULLY.

This Notice of HIPAA Privacy Practices describes how we may use and disclose your protected health information 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 to access and control of your personal medical information. “Protected health information” (PHI) includes demographic information and is information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

**Who Will Follow This Notice:** This Notice applies to Logan and its faculty, employees and students for which patient information is shared. This Notice also applies to other health care and service providers that provide services such as billing and marketing. As a condition to providing services to Logan, such providers must agree to comply with all HIPAA laws regarding said activity.

**How we may use and disclose your protected health information:** Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of Logan’s clinics, to support the education of chiropractic interns, and any other use required by law.

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party and different departments within Logan. For example, we share medical information about you in order to coordinate different things you may need, such as lab work and x-rays. Your protected health information may also be provided to another physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** We may use and disclose your medical information about you so that the treatment and services you receive at Logan may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about treatment you received at Logan so that your health plan will pay Logan or reimburse you for the treatment. We may also 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.

**Healthcare Operations:** We may use and disclose your protected health information in order to support Logan’s healthcare operations. These uses and disclosure are necessary to run Logan clinics and make sure that all of our patients receive quality care. For example, we may use your protected 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 combine protected health information about many Logan patients to decide what additional services Logan should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose this information to doctors, technicians, interns, and other Logan personnel for review and learning purposes. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Waiting Room and Appointment Reminders:** We may 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 protected health information as a reminder that you have an appointment at Logan.

**Health-Related Benefits and Services:** We may use and disclose your protected health information to tell you about health related benefits, services, or wellness classes that may be of interest to you.

**Workers' Compensation:** We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Business Associates:** We may disclose protected health information to our business associates who perform functions on our behalf or provide us with services if the protected health information is necessary for those functions or services. For example, we may use the services of a company to do our billing, provide transcription of patient records or perform consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your protected health information.

**Marketing Purposes:** We may use information about you to contact you in an effort to market Logan, its educational programs and its health care operations. For these activities Logan 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 Logan.

**Data Breach Notification Purposes:** We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your protected health information.

**Research:** Under certain circumstances, we may use and disclose your protected health information 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. We will almost always ask for your specific permission 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 Logan.

**Military and Veterans:** If you are a member of the armed forces, we may disclose protected health information as required by military command authorities. We may also disclose protected health information to the appropriate foreign military authority if you are a member of a foreign military.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose protected health information when necessary to prevent a serious threat to your health or safety or the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

**As Required By Law:** We will disclose your protected health information when required to do so by federal, state or local law.

**Public Health Risks:** We may disclose your protected health information for public health activities. We may use and disclose this information 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;
- to notify people of recalls of products they may be using; and
- to notify a person(s) who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose your protected 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 other laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also this information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may release your protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.

**Coroners, Medical Examiners and Funeral Directors:** We may release your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**Other uses of Your Protected Health Information:** With your written permission and direction, other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made. If you provide us permission to use or disclose your protected health information you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose this information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out**

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgment.

**Disaster Relief:** We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

### **Your Rights Regarding Your Protected Health Information:**

- 1. Right to Inspect and Copy:** You have the following rights regarding your protected health information we maintain:
  - To inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include mental health information.
  - To inspect and copy protected health information that may be used to make decisions about you, you must submit a request in writing to Logan's Medical Records Department at the address found on the last page of this Notice. If you request a copy of your protected health information we have up to 30 days to make this information available, and we will charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.
- 2.** We may deny your request to inspect and copy your protected health information in certain very limited circumstances. If you are denied access to this information, you may request that the denial be reviewed. Then, another licensed health care professional chosen by Logan will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- 3. Right to a Summary or Explanation:** We can also provide you with a summary or your protected health information, rather than the entire record, or we can provide you with an explanation of the protected health information which has been provided to you, as long as you agree to this alternative form and pay any associated fees.
- 4. Right to an Electronic Copy of Electronic Medical Records:** As your protected health information is maintained in an electronic format (known as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such a form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if this is not acceptable a readable, hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic version of your protected health information.
- 5. Right to Amend:** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Logan. To request an amendment, your request must be made in writing and submitted to the Chief of Staff at the address found on the last page of this Notice. In addition, you must provide a reason that supports your request. We may deny your request for

an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the protected health information kept by or for Logan;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
6. **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your protected health information to others except for purposes of treatment, payment and health care operations identified above, and other exceptions under federal and state law. To request this list or accounting of disclosures, you must submit your request in writing to the Chief of Staff. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, or electronically). The first list you request within a 12-month period will be at no charge to you. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
  7. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected 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 do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Chief of Staff. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
  8. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Please advise the our Patient Service Representatives how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.
  9. **Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured protected health information.
  10. **Out-of-Pocket Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
  11. **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 ask us to give you a copy of this Notice at any time by requesting a copy from any member of our clinical staff.

**Changes to this Notice:** Logan 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. We will post a copy of the current Notice in the Logan clinics. The Notice will contain on the first page, in the lower right-hand corner, the effective date. In addition, each time you register at a Logan clinic you have the right to request a copy of the current Notice in effect.

**Questions or Complaints:** If you believe your privacy rights have been violated you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services.

To file a complaint with us, contact Logan University's HIPAA Compliance Officer at the address below. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.

To file a written complaint with the Secretary of the Department of Health and Human Services, mail it to:  
Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201.  
You may also visit this website for more information:  
[www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/).

**The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

**Revised March 2014**