

Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- During an office visit, practice physicians and other staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician to whom we have referred you for care.
- We may share and discuss your medical information with an outside physician with whom we are consulting about your case.
- We may share and discuss your medical information with an outside laboratory radiology center or other health care facility where we have referred you for testing.
- We may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other health care provider to whom we have referred you for outside services or products.
- We may share and discuss your health information with a hospital or other health care facility, which we have referred you for care.
- We may share and discuss your medical information with another health care provider who seeks this information for the purpose of treating you.
- We may use a patient sign-in sheet in the waiting area, which is accessible to all patients.
- We may page patients in the waiting area when it is time for them to come into the exam area.
- We may contact you for the purpose of appointment reminders.

Payment: We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers. Payment uses and disclosures include activities conducted to obtain payment for the care provided for you or so that you can obtain reimbursement for that care, for example, from your health insurer. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- Submission of a claim form to your health insurer.
- Providing supplemental information so your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Sharing your demographic information, for example your address, with other health care providers who seek this information to obtain payment for health care services rendered to you.
- Mailing you bills with our practice name on the return address of the envelope.
- Provision of a bill to a family member or other person designated as responsible for payment of services provided to you.
- Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.
- Allowing your health insurer access to your records for a medical necessity or quality review audit.
- Providing consumer-reporting agencies with credit information.

- Providing a collection agency or our attorney your information for the purpose of securing payment for a delinquent account.
- Disclosing information in a legal action for purposes of securing payment of a delinquent account.

Health Care Operations: We may use or disclose your protected health information for our health care operations as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operations purposes include:

- Quality assessment and improvement activities.
- Population based activities related to improving health or reducing health care costs.
- Reviewing the competence qualifications or performance of health care professionals.
- Conducting training programs for students.
- Accreditation, certification, licensing, and credentialing activities.
- Health care fraud and abuse detection and compliance programs.
- Conducting medical review legal services and auditing functions.
- Business planning and development activities such as conducting cost management and planning related analyses.
- Sharing information regarding patients with entities that are interested in purchasing our practice and turning over patient records to entities who have purchased our practice.
- Other business management and general administrative activities such as compliance with the federal privacy rule and resolution of patient grievances.

Uses and Disclosures for other Purposes: We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in this category will be listed. Some examples fall into more than one category.

Individuals involved in care or payment for care: We may disclose your protected health information to someone involved in your care such as a spouse, family member or close friend. We may, for example discuss home care with a family member in the event that you need it for an acute condition.

Notification purposes: We may use and disclose your protected health information to notify or assist in the notification of a family member, personal representative, or another person responsible for your care, regarding your location, general condition or death. For example, if you become hospitalized, we may notify a family member of your location and general condition. Also in the event of a disaster, we may notify the Red Cross or other public servant as to your whereabouts, general condition or death.

Required by law: We may use or disclose protected health information when required by federal, state, and local law. As an example, we may disclose protected information when complying with mandatory reporting of child abuse, birth, death, disease control, gunshot injuries, criminal act related injuries, driving impairments and suspected drug and or alcohol testing..

Other public activities: We may use and disclose protected health activities including but not limited to:

Public health reporting of communicable disease
Child abuse and neglect
FDA reports
Adverse event reporting
OSHA requirements
Injury reports
Workplace surveillance

Victims of Abuse, Neglect, and Violence: We may use protected health information in order to report abuse and neglect, as well as domestic violence. We may report to the Department of Aging abuse of an elderly patient.

Health Oversight Activities: We may disclose protected health information for purposes of reporting health oversight activities as required by law. These include audits, inspections, investigation, licensure actions, and legal proceedings.

Judicial and Administrative Procedures: We may use and disclose protected health information in judicial and administrative proceedings in response to a court order or subpoena, discovery request, or other lawful purpose. For example, we may comply with a court order to testify in a case at which your medical condition is an issue.

Law Enforcement Procedures: We may use and disclose your protected health information for certain law enforcement proceedings such as to comply with legal processes, requirements of reporting, to respond to a request for information for location and identification procedures, respond to a request for information about a crime victim. We may report a death we believe to be a result of a criminal act, provide information regarding a crime on our premises, and report a crime in an emergency.

Coroners and Medical Examiners: We may provide protected information about your health to a coroner or medical examiner for the purpose of determination of a cause of death, or facilitating an investigation as required by law.

Threat to Public Safety: We may use or disclose your protected health information for purposes involving a threat to society, including to protect a third party from harm. We are required by law in some circumstances to use your information to protect another from imminent harm.

Specialized Government Functions: We may use and disclose protected health information for purposes involving specialized government functions including:

- Military and government functions
- Protective services
- National security and intelligence
- Medical suitability
- Correctional institutions and other custodial functions

ICA: From time to time, a situation arises within the state insurance laws that may require the services of the Idaho Chiropractic Association with regard to current insurance laws and regulations. This may require the use of your protected health information in order to facilitate payment for your services.

Fund Raising: We may use your protected health information for fund raising purposes. From time to time we may have special programs in our practice that involve activities that raise money for charity. We may invite you to participate in the event, but in no way are you obligated to attend or participate.

Marketing: From time to time, our practice may send you information with regard to our practice. This may arrive to you through the mail, e-mail, or via the telephone. We may send a newsletter, a video, a DVD, postcard, or letter. The purpose of this is so you will be kept up to date with regard to new treatment options that are available to you. At not time will your protected health information be released or disclosed to an outside marketing agency.

Workers Compensation and similar programs: We may use and disclose protected health information as authorized by and to the extent necessary to comply with the laws relating to workers compensation or similar programs established by law, that provide benefits for work related injuries or illnesses without regard to fault. For example, this would include submitting a claim for payment to your employer's worker's compensation carrier if we treat you for a work-related injury.

Business Associates: A business associate such as a billing company, an accounting firm, or a law firm performs certain functions of our practice. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. For example, we may share with our billing company information regarding your care and payment for your care so that the company can in turn file the appropriate health insurance claims and/or bill you or the responsible party.

Creation of De-identified Information: We may use protected health information about you in the process of de-identifying the information. For example, we may use your protected health information during the process of removing the identifying aspects of that information. In this way, your information could be disclosed to a researcher without identifying you.

Incidental Disclosures: We may disclose protected health information as by-product of an otherwise permitted use of protected health information. For example, other patients may hear your name in the waiting room when you are called.

Uses and Disclosures with Authorization: For all other purposes that do not fall under one of the above categories, we will obtain your written authorization to use or disclose your protected health information. Your authorization may be revoked in writing any time, except in the instances on which the authorization had already been relied.

PATIENT PRIVACY RIGHTS

Further Restrictions on use or disclosure: You have the right to request that we further restrict use and disclosure of your health information:

- To carry out treatment, payment or health care operations
- To someone who is involved in your care or in payment of your care
- For notification purposes

To request further restriction, you must submit a WRITTEN request to our privacy officer. The request must provide the following data:
The information you need restricted
The method you wish the information to be restricted
To whom you wish the restriction to apply

We are not required to agree to your request for further restriction. We will provide a response to your written request within a specified amount of time.

Confidential Communication: You have the right to request that we communicate your protected health information to you via a certain means

or method of communication, as well as at a certain location. For example, you may request that we only contact you by mail or at your work place. We are not required to agree with the requests if they are unreasonable.

To make a request for confidential communication, you must submit a written request to our privacy officer that outlines how and where you would like to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain the method in which your payment will be handled. We will provide a response to your request in a specified time frame.

Accounting of disclosures: You have a right to inspect and obtain upon request, an accounting of certain disclosures of your protected health information. This may be an accounting by our practice or by a business associate. This right is limited to disclosures made within six years of request and by other limitations. Also, in limited circumstances, we may charge you for providing the accounting. To request an accounting, you must submit to our privacy officer, in writing, the applicable time period for which you require an accounting of disclosures. We will provide a response to your request within a specified time frame.

Inspection and copying: You have the right to inspect and obtain a copy of your protected health information that we maintain in a designated record set. This right is subject to limitations and we may charge for the labor and supplies of providing these copies. To exercise your right of access, you must submit a written request to the privacy officer. This request must provide a description of the health information that is needed, how you wish the information to be provided to you, and include the mailing address if applicable. We will provide a response to your request in a specified amount of time.

Right of Amendment: You have the right to request that we amend the protected health information that is maintained in your patient records if the information is incomplete or incorrect. This right is subject to limitations. To request an amendment you must submit the request in writing to our privacy officer. The request must specify the changes you would like to make, as well as reason to support the changes. We will provide a response to your request within a specified time frame.

Paper copy of this privacy notice: You have the right to receive upon request, a paper copy of our privacy policy. To obtain a copy, please request it from our privacy officer.

Changes to notice: We reserve the right to change the content of this notice at any time. We reserve the right to make changes effective for all protected health information that we obtain at the time of the change, including information that we received and created prior to the change.

Complaints: If you believe that your privacy rights have been compromised, you may submit a complaint to our privacy officer, or the Secretary of Health and Human Services. To file a complaint to our practice, please submit the complaint in writing. We will not change your relationship with the practice as a result of a complaint, but rather will make whatever corrections are necessary.

Long Effect of the Notice: This notice is not intended to create any contractual or other rights independent of those within the federal privacy rule.

Notice of Privacy Practices

We Care About Your Privacy

Our Pledge Regarding Medical information:
The Privacy of your medical information is important to us. This notice describes how medical information about you may be used and disclosed as well as how to gain access to this information. Please read this carefully. If you have any questions regarding this notice you may contact us at:

BRIDGETOWER CHIROPRACTIC
3120 W. Belltower Dr. Suite 150
Meridian, ID 83646
208-846-8898
Fax 208-846-8890
Privacy Officer: Debra Gibbons

Effective: December 2006

Your Protected Health Information: Bridgetower Chiropractic is required by the federal privacy rule to maintain the privacy of health information that is protected by the rule and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health condition, the provision of health care to you, or payment for health care provided to you, and individually identifies billing records at our practice are examples of information that can be regarded as your protected health information.

Uses and Disclosures of Your Protected Health Information:

Treatment, payment, and health care operations: This section describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes: