

All Ways Chiropractic



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Notice of Privacy Practices: Signature Page

This notice describes how All Ways Chiropractic PLLC may use and disclose your medical information, and how you may access this information. Please review this notice carefully. If you have any questions about this notice, please contact our privacy officer at 360-352-8896 or email at officemanager@allwayschiro.com.

We are required by law to maintain the privacy of your protected Health Information, to notify you of legal duties and privacy practices with respect to your health information and to notify affected individuals following a breach of unsecured health information. This notice summarizes our duties and your rights concerning your information.

This Notice of Privacy Practices describes All Ways Chiropractic PLLC practices and that of any of our affiliates. All employees, staff and other personnel will follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment or health care operation purposes as described in this Notice.

Changes to this Notice:

We reserve the right to change the terms of our Notice at any time. Any revisions of the Notice will be effective for all Protected Health Information that we maintain at that time. To receive a copy of the revised Notice, you may contact our Privacy Officer and request that a revised copy be sent to you in the mail. Additionally, you may also obtain a copy at the front desk at your next appointment.

All Ways Chiropractic PLLC is committed to protecting your medical information:

We understand and appreciate the personal nature of any information related to you and your health. All Ways Chiropractic PLLC is committed to protecting your medical information, and are required by law to:

- Ensure the privacy of your identifiable medical information
- Provide you with this notice of our legal duties and privacy practices with respect to your medical information
- Follow the terms of the most current Notice.
- I acknowledge I have received a hard copy of All Ways Chiropractic notice of patient privacy policy. Please initial on the line. _____

I have read and understand the Notice of Privacy Practices from All Ways Chiropractic PLLC.

Patient Printed Name

Date

Patient Signature

AWC Employee Initial

NOTICE OF PRIVACY POLICY:

This Notice of 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 your Protected Health Information. "Protected Health Information" refers to information about you, including demographic information that may identify you, and relates to your past, present or future physical, mental or health condition related to healthcare services.

Uses and Disclosures of Protected Health Care Information Based Upon Your Written Consent.

You will be asked by All Ways Chiropractic PLLC to sign a consent form. Once you have consented to use and disclosure of your protected Health Information for treatment, payment, and health care operations by signing the consent form, All Ways Chiropractic PLLC will use or disclose your Protected Health Information as described in this section. Each category of uses and disclosures will be explained but not every use or disclosure in each category will be listed. However, every permissible use or disclosure will fall under one of the following 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 that has already obtained your permission to have access to your Protected Health Information.

Payment: Your Protected Health Information will be used and disclosed, as needed, to obtain payment for your health care services. Other uses and disclosures may include certain activities that your health insurance plan may undertake before it approves, or pays, for the health care services we recommend for you. For example, insurance companies that require us to relay to them the services or treatment you are going to receive, or have received in this clinic, so they may determine coverage and payment.

Health Care Operations: We may use or disclose, as needed, your Protected Health Information for operations and business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, employee training, licensing, marketing and fundraising activities, conducting or arranging for other business activities, and compliance with state law. For example, we may disclose Protected Health Information to employees and massage therapists that interact with those patients within our clinic. In addition, we may use a sign in sheet at the front desk where you will be asked to sign your name. We may also call you by name in the waiting room when your treating provider is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment. Your Protected Health Information might be visible to third party "business associates" that perform various activities such as IT. Whenever an arrangement between our office and a business associate involves the use or disclosure of your Protected Health Information, we will obtain a written contract that contains terms that will protect the privacy of your Protected Health Information. We may use or disclose your Protected Health Information, as necessary to other providers, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may use and disclose your Protected Health Information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization:

Other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke your written consent by submitting a written notice to the Privacy Officer. The revocation will not be effective to the extent that All Ways Chiropractic PLLC has already acted in the reliance of the authorization. Once your revoked authorization is received, and approved, then any/all activities pertaining to the specific uses and disclosures will cease.

Other permitted and Required Uses and Disclosures That May Be Made with Your Consent, Authorization or

Opportunity to Object: You will be granted the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. If you are not present, not able to agree, or object to the use or disclosure of the Protected Health Information, then in our best professional judgment All Ways Chiropractic PLLC may determine whether the disclosure is in your best interest. In this case, only the minimum necessary Protected Health Information relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you instruct us otherwise, during an emergency we may disclose to a member of your family, 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 will determine what is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify, or assist in notifying, a family member, personal representative, or any other person that is responsible for your care or general condition. Finally, we may use or disclose your

Protected Health Information to an authorized public or private entity to assist in disaster relief efforts, to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your Protected Health Information in an emergency treatment situation. If this happens, All Ways Chiropractic PLLC staff shall attempt to obtain your consent as soon as reasonably practicable after the delivery of treatment. If the doctor or any staff member at All Ways Chiropractic PLLC is required by law to treat you,

and has attempted to obtain your consent yet is unable to obtain your consent, he or she may still use or disclose the minimum necessary Protected Health Information to treat you.

Communications Barriers: We may use and disclose your Protected Health Information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers. We will determine, using professional judgment, if you intended to consent to use or disclose under these circumstances

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent.

Authorization or Opportunity:

We may use or disclose your Protected Health Information in the following situations without your consent or authorization. These situations include, but are not limited to the following:

When Required By Law: We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the minimum necessary. You will be notified, as required by law, of any such uses or disclosures. We may use or disclose your information to state agencies for registry purposes as appropriate and required under State of Washington law.

Public Health: We may disclose the minimum necessary amount of your Protected Health Information for public activities to a public health authority that is permitted by law to collect or receive the information. These uses and disclosures may include, but are not limited to the following:

- To prevent disease, injury, or disability.
- To report child abuse or neglect by making a telephone report to the appropriate authorities, and to follow this report with a written confirmation.
- To report reaction to medication of problems with products required by the Food and Drug Administration.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a client has been the victim of domestic violence. We will only make this disclosure if you agree, and when consistent with the requirements or authorizations of applicable Washington State and Federal Law.

Criminal Activity: Consistent with applicable federal and state laws we may disclose your Protected Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health, safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual. Any such disclosures would be limited to the minimum necessary, and would be made to someone included in the prevention of the threat.

Military Activity: When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or to foreign military authority if you are a member of that foreign military services.

Worker's Compensation: We may disclose your Protected Health Information for workers compensation and other similar legally establishes programs, in accordance with state and federal law regarding such disclosures.

National Security: We may disclose your Protected Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Required Uses and Disclosures: By law, we must make minimum necessary disclosures when required to do so by state, federal, or local law.

Your Rights Regarding your Protected Health Information

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

Right to Inspect and Copy: This means you may inspect and obtain a copy of Protected Health Information about you that is contained in a designated record set for as long as we maintain the Protected Health Information. A "designated record set" contains medical and billing records and any other records that your physician and the

practice uses for making decisions about you. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record. To inspect and/or copy your medical information maintained by All Ways Chiropractic PLLC you must submit your request in writing to the front desk. You may be charged a fee for the administrative costs of retrieving, copying, mailing, and any other activities associated with your request.

Right to Request an Amendment: If you feel any of your medical information maintained by All Ways Chiropractic PLLC is incorrect or inaccurate you may request an amendment of that information for as long as we maintain this information. In certain cases, we may deny your request for an amendment. To request an amendment, your request must be made in writing and must include the reason for the request. All requests for amendment are to be submitted to the front desk. All Ways Chiropractic PLLC reserves the right to deny your request for amendment for any of the following reasons:

- The information is complete and accurate
- We did not create the information
- The person or entity that created the information is no longer available to make the amendment
- The information is not part of the medical information kept by our facility
- The request pertains to information that you are not permitted to inspect and copy.

You have the right to file a statement of disagreement with us. In turn, we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

Right to an Accounting of Disclosures: This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices for a time frame of up to seven (7) years from the date of the request. It excludes routine disclosures, such as any we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. To request an accounting of disclosures, you must submit a written request to the front desk. Your request must state a time period, which may not exceed Seven years. You will not be charged for the first request for accounting within a twelve-month period, however, you may be charged a fee for the administrative costs of retrieving, copying, mailing, and any other activities associated with any additional requests for accounting. You will be notified of the costs involved and will have the option to withdraw your request at that time, before any costs are incurred.

Right to Request Restriction: You have a right to request that All Ways Chiropractic PLLC restrict the use or disclosure of any part of your Protected Health Information for the purposes of treatment, payment, or health care operations. You may also request that your Protected Health Information be disclosed to family members or friends for notification purposes. You may request additional restrictions on the use or disclosure of information for treatment, payment, or health care operations. We are *not* required to agree to the requested restrictions except in the limited situation in which you or someone on your behalf pays in full for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.

Right to Request Confidential Communications: You have the right to request to receive confidential communications from All Ways Chiropractic PLLC by alternative means or at an alternative location. For example, you may wish to be contacted only at work or by mail. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. This request must be made in writing to the front desk and must specify how and where you wish to be contacted.

Right to obtain a copy of this Notice: You have the right to obtain a copy of this Notice of Privacy Practices upon request. To receive a copy of this Notice, or any future revisions of the Notice, you may contact our Privacy Officer and request that a revised copy be sent to you in the mail. Additionally, you may also obtain a copy at the front desk at the time of your next appointment.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with All Ways Chiropractic PLLC or with the Secretary of Health and Human Services. You may also contact our Privacy Officer for further information about the complaint process. We will not retaliate against you for filing a complaint.