

*Itasca Health  
&  
Chiropractic*

Notice of Privacy Practices  
Effective July 4, 2013

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

**Please review this notice carefully.**

If you have any questions about this notice, please contact our privacy officer:

Dr. Joseph Riggio  
1131 North Prospect Avenue  
Itasca, IL 60143  
630-250-9200  
www.itascahealth.com

Itasca Health & Chiropractic is committed to maintaining the privacy and confidentiality of your health information. This is required by both federal and state law, as well as by the ethics of the medical profession. We are required by law to provide you with this notice of our legal duties, your rights and our privacy practices. You have the right to receive a paper copy of this notice at anytime even if you have elected to receive it electronically.

We must take reasonable steps to limit the use or disclosure of and requests for protected health information (PHI) to the minimum necessary to accomplish the intended purpose. The minimum necessary provisions do not apply to the following:

**Uses and Disclosures of Medical Information**

**Treatment:** We may use and disclose your medical information to provide you with medical treatment or services. For example, we may use your health information to prescribe a course of treatment or physical therapy. Your health information will be recorded during each visit in your medical folder so we can monitor your progress and how well you are responding to treatment. We may provide your health information to other health care providers to facilitate consultation between providers for effective care for example with a specialist.

**Healthcare Operations:** We may use and disclose your medical information to assist in the operation of our office. We may use and disclose your information during quality assessment/improvement activities, provider credentialing and accreditation, medical reviews or audits, business management including de-identifying protected health information and creating a limited data set for potential research. We may also provide your health information to your medical insurance company upon its request.

**Payment:** We may use and disclose your medical information to verify eligibility and benefits, to submit medical claims, and to bill and collect payment. Information on the bill may include information that identifies you and your diagnosis.

**Medical Residents or Interns:** Medical residents, students or interns may observe or work under the doctor to provide care. You have the right to refuse to be treated or observed by a resident, student or intern.

**Business Associates:** We may contract with third party associates for services such as billing services, legal counsel or consultants. We require that our business associates provide appropriate safeguards to insure the confidentiality of your health information.

**Paper and Electronic Communications:** We may use your personal information in order to communicate with you via newsletters or mailings, both paper and electronic. We will not sell, distribute or lease your information to third parties unless we have your permission or are required to by law.

**Family and Friends:** We may disclose your health information to a family member or close friend or any other person you identify as needed for your care or for payment of services. We may disclose the health information of minor children to their parents or guardians except where prohibited by law.

**Workers Compensation:** We may disclose your health information to entities in order to comply with worker compensation laws and other similar programs providing benefits for work related injuries or illnesses.

**Public Health Activities:** We may disclose your health information for public health activities like notification, prevention or control of disease, injury or disability, and to government authorities who receive reports of child abuse and neglect FDA reporting, exposure to communicable disease that is reportable by law, or to employers for OSHA compliance or similar state laws.

**Abuse, Neglect or Domestic Violence:** In certain circumstances we may disclose health information to appropriate government authorities regarding victims of abuse, neglect or domestic violence.

**Law Enforcement:** We may disclose your health information in response to a summons or subpoena or other requests under state or federal law, as required by law to identify a suspect or fugitive, missing person or material witness, in response to a request for information about a victim, to alert law enforcement of person's death, if we believe that protected health information is evidence of a crime that occurred on premises, and during a medical emergency when law enforcement must be informed regarding a crime, victim, or perpetrator.

**Decedents:** We may disclose health information to funeral directors as needed and to coroners or medical examiners to identify a deceased person, determine the cause of death and to perform other functions authorized by law.

**Research:** We may disclose your health information to researchers if the information does not directly identify you as the source of the information or when a research waiver has been issued and they ensure the privacy of your health information.

**Legal Guardian:** We may disclose your health information to your legal guardian and will treat that person as if he is you. In the event of your death we may disclose your health information to the executor of your estate if needed.

**Serious Threat to Health or Safety:** We may disclose health information if we believe it is necessary to prevent or lessen a serious threat to a person or the public.

## **Individual Rights**

**Confidential Communications:** You have the right to receive confidential communications of your health information. You may request that we provide appointment reminders in a specific way, for example, on your personal cell phone only. You must request in writing how you wish to be contacted regarding your health information. Itasca Health & Chiropractic Staff may review your health information as needed to monitor your care and progress.

**Access:** You have the right to inspect and copy your medical information. To inspect or copy your medical information you must submit a written request to the privacy officer. If you request a copy of your medical information we may charge you a fee for the cost of labor,

supplies, or postage related to the request. We can not charge a fee if you require the copy for a claim under the Social Security Act or any other state or federal need based benefit program.

**Disclosure Accounting:** You have the right to receive an accounting of disclosures of your health information. You must submit a written request to our privacy officer to receive an accounting of your health information disclosures. We are not required to list disclosures made for treatment, payment, operation of the office or those authorized by you or made directly to you.

**Amendment:** You have the right to amend your health information if you believe your medical information is not correct or incomplete. You must submit your request to amend information in writing with a reason for the amendment. We may deny your request to amend information if the information was not created by us or if we believe the information is accurate and complete.

**Restriction Request:** You have the right to request a restriction or limitation on the health information we disclose about you for treatment, payment or office operations. You must submit your request for restriction in writing to our privacy officer.

### **Itasca Health & Chiropractic Duties**

We are required by law to maintain the privacy of protected health information, to provide you with notice of our legal duties and privacy practices with respect to health information and to notify affected individuals should a breach of health information occur. We will notify you by mail of any breaches of unsecured protected health information no later than 60 days following the discovery of the breach. The notification will include a description of the breach, date of its discovery, the type of unsecured protected health information breached, a description of actions we are taking to investigate the breach and protect against further breaches, and contact information if you have questions regarding the breach. If the breach involves more than 500 patients we are required to notify the Secretary of the U.S. Department of Health and Human Services as well as the media. We are also required to maintain a written log of breaches involving less than 500 patients.

We are required to abide by the notice in effect. We reserve the right to change our privacy practices and to make the new practices effective for all your health information maintained by Itasca Health & Chiropractic. Should our practices change, a revised Notice of Privacy Practices will be published on our website and paper copies will be available upon request.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our privacy officer or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201. See the Office for Civil Rights website at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) for more information.

## **Itasca Health & Chiropractic**

Acknowledgement of Receipt of Notice of Privacy Practices for Protected Health Information

I acknowledge that I have received Itasca Health & Chiropractic's Notice of Privacy Practices for protected health information.

Consent need only be obtained one time for all subsequent care give to the patient in this office.

\_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of patient, guardian or personal representative