

Notice of Privacy Practices

This Notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this Notice carefully.

Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). PHI is information about you, including demographic information that may identify you, that relates to your past, present, or future physical or mental health or condition and related health care services. In conducting our business, we will create records regarding you and your treatment and the services we provide for you.

We are required by law to maintain the confidentiality of health information that identifies you and provide you with this Notice of our legal duties. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at this time.

We are required by law to provide you with the following important information:

- how we may use and disclose your PHI to carry out your treatment, collect payment, and manage the operations of this clinic;
- our obligations concerning the use and disclosure of your PHI for other purposes that are permitted or required by law; and
- your rights to access and control your PHI.

The terms of this Notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past and for any of your records that we may create or maintain in the future.

You may request a copy of our most current Notice at any time by accessing our Web site at www.theburnleyclinic.com, calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

If you have questions about this Notice, please contact our Privacy Officer or any staff member in our office. Our Privacy Officer is Colin Burnley, DC and may be reached at The Burnley Clinic, LLC, 3000 Corporate Court, Suite 100, Flower Mound, Texas 75028, 214.264.6072, drb@theburnleyclinic.com.

Uses and Disclosures of Your PHI

Uses and Disclosures of PHI Based Upon Your Implied Consent

By applying to be treated in our office, you are implying consent to the use and disclosure of your PHI by your doctor, 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. Your PHI may also be used and disclosed to bill for your health care and to support the operation of the practice. The following are examples of the types of uses and disclosures of your PHI we will make based on this implied consent. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office.

- **Treatment.** We will use and disclose your PHI 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 PHI. For example, we would disclose your PHI, as necessary, to another physician who may be treating you. Your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your doctor, becomes involved in your care by providing assistance with your health care diagnosis or treatment.
- **Payment.** Your PHI will be used, as needed, to obtain payment for your health care services. This 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 such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for chiropractic spinal adjustments may require that your relevant PHI be disclosed to the health plan to obtain approval for those services.
- **Health Care Operations.** We may use or disclose, as needed, your PHI in order to support the business activities of this office. These activities may include, but are not limited to, quality assessment activities, employee review activities, and training of chiropractic students. For example, we may call you by name in the reception area when your doctor is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We do have open therapy/adjusting areas. We will share your PHI with third party "business associates" that perform various activities (e.g., billing). Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract with that business associate that contains terms that will protect the privacy of your PHI. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services.

that may be of interest to you. We may also use and disclose your PHI for other internal 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. You may contact our Privacy Officer to request that these materials not be sent to you.

Uses and Disclosures of PHI That May Be Made With Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below.

For example, with your written, signed authorization, we may use your demographic information and the dates that you received treatment from our office, as necessary, in order to contact you for fundraising activities supported by our office. With your written, signed authorization, we may also send you items such as occasional cards, thank you for referring cards and letters, welcome letters, and newsletters. You may revoke any of those authorizations, at any time, in writing, except to the extent that your doctor or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object

In the following instance where we may use and disclose your PHI, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your doctor may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

- **Others Involved in Your Health Care.** Unless you object, we may disclose to a member of your family, a relative, or close friend or any other person you identify, your PHI 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 on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location or general condition. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Other Permitted and Required Uses and Disclosures of PHI That May Be Made Without Your Consent, Authorization, or Opportunity to Object

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

- **Required by Law.** We may use or disclose your PHI 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 relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health.** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Communicable Diseases.** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **Abuse or Neglect.** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Legal Proceedings.** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement.** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal process and otherwise required by law, (2) limited information requests for

identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

- **Workers' Compensation.** We may disclose your PHI, as authorized, to comply with workers' compensation laws and other similar legally established programs.
- **Required Uses and Disclosures.** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Your Rights With Respect to Your PHI

Under HIPAA, you have certain rights with respect to your PHI. The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

Right to Request Restrictions on Use or Disclosure

You have the right to request restrictions on certain uses or disclosures of your PHI about yourself.

You may request restrictions on the following uses or disclosures: (a) to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of PHI directly relevant to your care or payment related to your health care, or your location, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of PHI; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

In addition, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

Right to Receive Confidential Communications

You have the right to receive confidential communications of your PHI. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of PHI from us by alternative means or at alternative locations.

Right to Inspect and Copy Your PHI

Your designated record set is a group of records we maintain that includes medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable.

You have the right of access in order to inspect and obtain a copy of your PHI contained in your designated record set, *except for* (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceedings, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests.

We must provide you with access to your PHI in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We may provide you with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your PHI or mailing a copy to you at your request. We will discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access.

If you request a copy of your PHI or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance.

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We reserve the right to deny you access to and copies of certain PHI as permitted or required by law. We will reasonably attempt to accommodate any request for PHI by, to the extent possible, giving you access to other PHI after excluding the information as to which we have a ground to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us.

If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

Right to Amend Your PHI

You have the right to request that we amend your PHI or a record about you contained in your designated record set, for as long as the designated record set is maintained by us.

We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete.

We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services ("DHHS"). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your PHI that is the subject of the requested amendment.

Copies of all requests, denials, and statements of disagreement will be included in your designated record set.

If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received PHI of yours prior to amendment and persons that we know have the personal health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment.

All requests for amendment shall be sent to Colin Burnley, D.C., The Burnley Clinic, LLC, 3000 Corporate Court, Suite 100, Flower Mound, Texas 75028.

Right to Receive an Accounting of Disclosures of Your PHI

Beginning April 14, 2003, you have the right to receive a written accounting of all disclosures of your PHI that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request.

Such disclosures will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such information.

We are not required to provide accountings of disclosures for the following purposes: (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) for a facility directory or to persons involved in your care, (e) for national security or intelligence purposes, (f) to correctional institutions, and (g) with respect to disclosures occurring prior to 4/14/03.

We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period.

All requests for an accounting shall be sent to Colin Burnley, D.C., The Burnley Clinic, LLC, 3000 Corporate Court, Suite 100, Flower Mound, Texas 75028.

Complaints

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated.

You may submit your complaint in writing by mail or electronically to our privacy officer, Colin Burnley, D.C., at The Burnley Clinic, 3000 Corporate Court, Suite 100, Flower Mound, Texas 75028, 214.264.6072, drb@theburnleyclinic.com. A complaint must name the entity

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that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.