

# Summary of Notice of Privacy Practices

Effective Date: 3/30/17

Revised on: 4/13/17

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Lighthouse Chiropractic  
7310 Heritage Village Plaza, Suite 101  
Gainesville, VA 20155  
571.248.6488

This Summary Notice of Privacy describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. A more detailed copy of our Notice of Privacy Practices is available upon request.

## **SUMMARY OF RIGHTS AND OBLIGATIONS CONCERNING HEALTH INFORMATION**

Lighthouse Chiropractic is committed to preserving the privacy and confidentiality of your health information, which is required both by federal and state law, as well as by 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, with respect to using and disclosing your health information that is created or retained by Lighthouse Chiropractic. Each time you visit us, we make a record of your visit. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. We have an ethical and legal obligation to protect the privacy of your health information, and we will only use or disclose this information in limited circumstances.

In general, we may use and disclose your health information to:

- plan your care and treatment
- provide treatment by us or others
- communicate with other providers such as referring physicians
- receive payment from you, your health plan, or your health insurer
- make quality assessments and work to improve the care we render and the outcomes we achieve, known as health care operations
- make you aware of services and treatments that may be of interest to you
- comply with state and federal laws that require us to disclose your health information
- we may also use or disclose your health information where you have authorized us to do so.

You have certain rights to your health information. You have the right to:

- ensure the accuracy of your health record
- request confidential communications between you and your physician and request limits on the use and disclosure of your health information
- request an accounting of certain uses and disclosures of health information we have made about you.

We are required to:

- maintain the privacy of your health information
- provide you with notice, such as this *Notice of Privacy Practices*, as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of our most current *Notice of Privacy Practices*
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

### **Chiropractic Residents and Chiropractic Students**

Medical residents or medical students may observe or participate in your treatment or use your health information to assist in their training. You have the right to refuse to be examined, observed, or treated by medical residents or medical students.

### **Appointment Reminders**

We may use and disclose Information in your medical record to contact you as a reminder that you have an appointment at Lighthouse Chiropractic. We usually send an email or text message two days before and two hours before your appointment. With Massage or New Patient appointments, will call you at home the day before your appointment and leave a message for you on your answering machine or with an individual who responds to our telephone call. However, you may request that we provide such reminders only in a certain way or only at a certain place. We will endeavor to accommodate all reasonable requests.

### **Treatment Options**

We may use and disclose your health information in order to inform you of alternative treatments.

### **Release to Family/Friends**

Our health professionals, using their professional judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, your health information to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

### **Newsletters and Other Communications**

We may use your personal information in order to communicate to you via newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.

### **Disaster Relief**

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

### **Marketing**

In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with promotional gifts of nominal value. Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.

### **Research**

We may disclose your health information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information.

### **Workers Compensation**

We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

## Law Enforcement

We may release your health information:

- in response to a court order, subpoena, warrant, summons, or similar process if authorized under state or federal law
- to identify or locate a suspect, fugitive, material witness, or similar person
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- about a death we believe may be the result of criminal conduct
- about criminal conduct at Lighthouse Chiropractic
- to coroners or medical examiners
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime
- to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law
- to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state

## Personal Representative

If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information. If you become deceased, we may disclose health information to an executor or administrator of your estate to the extent that person is acting as your personal representative.

## YOUR HEALTH INFORMATION RIGHTS

The following are statements of your rights with respect to your protected health information.

- **Right to Obtain a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.
- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. You have a right to have this information within 30 days of receipt of your request.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. 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 medical information kept by or for Lighthouse Chiropractic
  - is not part of the information which you would be permitted to inspect and copy
  - is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of your health information made by us. In your accounting, we are not required to list certain disclosures, including:
  - disclosures made for treatment, payment, and health care operations purposes or disclosures made incidental to treatment, payment, and health care operations, however, if the disclosures were made through an electronic health record, you have the right to request an accounting for such disclosures that were made during the previous 3 years
  - disclosures made pursuant to your authorization
  - disclosures made to create a limited data set
  - disclosures made directly to you.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical 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 medical information we communicate about you to someone who is involved in your care or the payment for your care.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. To request confidential communications, you must make your request in writing to our privacy officer. We will accommodate all reasonable requests.
- **Right to Receive Notice of a Breach:** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach.

### CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice and will notify you of such changes. We will also make copies available of our new notice if you wish to obtain one.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. **We will not retaliate against you for filing a complaint.** All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred.

If you wish to file a complaint with us, please submit it in writing to our Privacy/Compliance Officer to the address listed on the first page of this Notice. If you wish to file a complaint with the Secretary of the United States Department of Health and Human Services, please go to the website of the Office for Civil Rights ([www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)), call 202-619-0257 (toll free 877-696-6775), or mail to:

Secretary of the US – Department of Health and Human Services  
200 Independence Ave S.W.  
Washington, D.C. 20201

Lauren Giller	571-248-6488	Lighthousechiro@gmail.com
<b>HIPAA COMPLIANCE OFFICER</b>	<b>PHONE</b>	<b>EMAIL</b>

We are required by law to provide individuals with this notice of our legal responsibilities and privacy practices with respect to Protected Health Information. We are also required to maintain the privacy of, and abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at the number listed above.