

## Hartford Spinal Care Notice of Privacy Practices (NPP)

This notice describes how your health information may be used and disclosed by Hartford Spinal Care. It also explains how you can access this information yourself. This notice is effective January 1, 2017 and replaces earlier versions. We want you to understand our policies and procedures which we have developed to make sure your health information is protected. Our office and employees are subject to State and Federal laws regarding the confidentiality of your health information. We will use and communicate your health information only for the purposes of providing first rate treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and received your written permission, which will be in effect for 12 months if signed without an end date. You may revoke that authorization at any time by submitting a notice in writing.

### **HOW YOUR HEALTH INFORMATION MAY BE USED:**

#### To Provide Treatment

We will use your health information within our office to provide you with the best health care possible. This may include review and access by our Doctors, assistants, trainers, administrative staff or other personnel providing you treatment in our practice.

#### To Obtain Payment

We may use your health information when completing invoices to collect payment on treatment you have received in our practice. We may also do this with regards to filling out insurance forms, both paper and electronically. We assure you that we will only work with companies that follow State and Federal HIPAA regulations.

#### To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff as some of our best teaching opportunities grow from experiences patients have while receiving care in our practice. As a result patient health information may be used in training programs for interns, associates, administrative and clinical staff. It is also possible that in the event of an audit by insurance companies or government appointed agencies, your health information may be accessed as part of their quality assurance and compliance review. We will never share your information for marketing purposes.

#### Abuse or Neglect

We will notify government authorities if we believe a patient is the victim or perpetrator of abuse, neglect or domestic violence. We will make the disclosure only when we are compelled by our ethical judgement, when authorized by the law or with the patient's agreement.

#### For Law Enforcement

As permitted or required by Local, State or Federal law, we may disclose your health information to a law enforcement official for certain purposes, including if you are the victim of a crime or in order to report a crime.

#### Public Health and National Security

We may be required to disclose to Federal officials or Military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important to the government if they believe it can lead to the control or prevention of an epidemic.

#### Family, Friends and Caregivers

We may share your health information with those you tell us assist you in your health, daily care, transportation or finances. We will ask you for your permission to do so first. In the case of an emergency where you are unable to tell us what you want we will use our very best judgement when sharing your health information only when important to those participating in providing you care.

#### Medical Research

Your health information may be important to furthering research and the development of new knowledge and treatment. Formal review and study of health histories as a part of a research study will happen only under the ethical guidance and approval by an Institutional Review Board. In these cases your information will be stripped of personal identifiers (ex. Name, DOB)

#### Patient Reminders

Because we believe that following a care plan is very important to your overall well-being, we will remind you of a scheduled appointment or contact you to arrange an appointment. Additionally, we may contact you to follow up on your care plan or inform you of treatment options that could improve your wellness. These communications are an important part of our philosophy of partnering with our patients to be sure they are receiving the best care we can provide. They may include postcards, letters, phone, text or email reminders. You are welcome to opt out of these communications.

### **PATIENT RIGHTS**

#### Inspect and Copy Your Health Information-

You have the right to read, review and receive copies of your health care information, including x-rays, complete chart of accounts and billing records. If you would like a copy of your health information, please let us know in writing. We may charge you a reasonable fee to duplicate and assemble your copy.

#### Amend Your Health Information

You have the right to ask us to update or modify your records if you believe that your health information is incorrect or incomplete. In order to modify your records you must submit a written request accompanied by your reason for requesting the changes. Please note that we can only modify records created in our practice. We reserve the right to deny a request, in which case you will receive in writing, our reasons for denial within 60 days of your original request.

#### Documentation of Health Information

You have the right to ask us for a description of how your health information was used by our office for any other reasons than treatment, payment or health insurance reasons. Please let us know in writing if you would like this information and we may charge a reasonable fee for this request.

#### Request a Copy of this Notice

You have the right to obtain a copy of this original NPP directly from our office at any time. Paper copies are available in the waiting-room or from any staff member. We can also email you a copy upon request, or you can print it out from our website. We are required to practice the policies and procedures described in this NPP but we reserve the right to change the terms of our Notice. If we change our privacy practices we will supply the revised Notice to our active patients.

**YOU HAVE THE RIGHT** to express complaints to our HIPAA Security officer, Dr. Melissa Snyder Plocek DrSnyderPlocek@yahoo.com. You may also contact The U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W. Washington, D.C. 20201, calling 1-877-696-3775 or visiting [www.hhs.gov](http://www.hhs.gov)

HSC, all of our officers, agents and employees have reviewed, understand and will adhere to this policy. There will be no tolerance of any violations of this NPP. Violation of this policy is grounds for disciplinary actions, up to and including termination of employment and criminal or professional sanctions.



Hartford Spinal Care and Wellness  
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