



Harmony Healing Center, P.C.
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NOTICE OF PRIVACY PRACTICES

Harmony Healing Center, P.C. (HHC), a professional corporation, in accordance with the Federal Privacy Rule, 45 CFR parts 160 and 164 and applicable state laws, is committed to maintaining the privacy of your Private Healthcare Information (PHI). PHI includes information about your health condition and the care and treatment received from HHC and is often referred to as your health care or medical record. This Notice also details your rights regarding your PHI.

HOW HHC USES AND DISCLOSES YOUR PHI

HHC values your privacy and private health-related information. In this age of identity theft and misuse of such information, we take every precaution to safeguard your information and to use it for healthcare purposes only. HHC will only use your PHI without your express consent for the following reasons stated:

- **TREATMENT-** To provide you with the health care you require, HHC may use and disclose your PHI to other healthcare professionals, so that it may coordinate and plan your health care. For example, Dr. Brandon Lundell may require obtaining medical records from other doctors or consulting with another doctor for the best treatment possibilities. Whenever possible, your identity shall remain anonymous.
- **PAYMENT-** To get paid for services provided to you by this clinic, HHC may provide your PHI, directly or through a billing service, to a third party such as insurance companies or lawyers in a personal injury case. If necessary, HHC may use your PHI for collection purposes with respect to all persons who may be liable to HHC for bills related to your care. This may include, but not limited to, the use of a collection agency or billing service clearinghouse.
- **HEALTH CARE OPERATIONS-** To operate in accordance with applicable law and insurance requirements, and to provide quality, effective care, HHC may need to compile, use and disclose your PHI. For example, some of your basic PHI may be used for in-house statistical reporting.
- **ADVICE OF APPOINTMENT AND SERVICES-** HHC may contact you to provide appointment reminders or information about your treatment alternatives or other health related benefits and services that may be of interest to you. The following reminders or contacts may be used: mail correspondence to your address; email; telephoning you with the numbers you have provided and leaving a message on your machine or with the individual who answers. If you object this form of notification or prefer another mode of communication please inform us.
- **DIRECTORY / DAY SHEET/ APPOINTMENT BOOK-** HHC keeps a list of those who have been treated or made a payment in our office each day. There is also an appointment book that bears the names of those who have appointments at our office. These items are kept secure or hidden. However, when making appointments or entries these items may be visible to others.
- **WAITING AREA-** HHC may use your name to be called back to a treatment room when the doctor is ready for you. If you object to this manner of notification please inform us. You may also be seen by others as you walk into or out of the office.
- **BILLING-** HHC uses a family billing procedure where all bills at one address go into one envelope. If you object to this manner of billing please notify this office and arrangements may be made for alternate billing.
- **FAMILY/FRIENDS-** HHC may disclose your PHI to a family member, relative, a close personal friend, or any other person chosen by you, only what is relevant to such person's involvement with your care or for the payment for your care. HHC may also use or disclose your PHI to notify or assist in the notification to a family member, a personal representative, or another person responsible for your care, of your location, general condition, or death. However, in both cases, the following conditions will apply:
 - a) If you are present at or prior to the use or disclosure of your PHI, HHC may use or disclose your PHI if you agree, or if HHC can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.
 - b) If you are not present, HHC will, in exercise of professional judgment, determine whether the use or disclosure is your best interest and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

OTHER USE AND DISCLOSURES WHICH MAY BE PERMITTED OR REQUIRED BY LAW

HHC may also use and disclose your PHI, with or without your consent or authorization in the following instances:

- a) **De-identified Information-** HHC may use and disclose health information that may be related to your care but does not identify you or cannot be used to identify you.
- b) **Business Associate-** HHC may use and disclose PHI to one or more of its business associates if HHC obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A Business Associate is an entity that assists HHC in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies.
- c) **Personal Representative-** HHC may use and disclose PHI to a person who, under law, has the authority to represent you in making decisions related to your health care.
- d) **Emergency Situations-** HHC may use and disclose PHI for the purpose of obtaining or rendering emergency treatment to you provided that HHC attempts to obtain your consent as soon as possible; or to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.
- e) **Public Health Activities-** HHC may use and disclose PHI when required by law to provide information to a public health authority to prevent or control disease.
- f) **Abuse, Neglect, Domestic Violence-** HHC may use and disclose PHI when authorized by law to provide information if it believes that the disclosure is necessary to prevent serious harm to you or another individual.
- g) **Health Oversight Activities-** HHC may use and disclose PHI when required by law to provide information in criminal investigations, disciplinary actions, or

other activities relating to the community's health care or public works systems.

h) Judicial and Administrative Proceeding- HHC may use and disclose PHI in response to a court order or a lawfully issued subpoena.

i) Law Enforcement Purposes- HHC may use and disclose PHI, when authorized, to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena, or if it is suspected that your death was the result of criminal conduct.

j) Coroner or Medical Examiner- HHC may use and disclose PHI to a coroner or medical examiner for the purpose of identifying you or the cause of death.

k) Organ, Eye or Tissue Donation- HHC may use and disclose PHI if you are an organ donor, to the entity to whom you have agreed to donate your organs.

l) Research- HHC may use and disclose PHI subject to applicable legal requirements if HHC is involved in research activities, making every attempt to conceal your identity where possible.

m) Avert a Threat to Health or Safety- HHC may use and disclose PHI if it believes that such disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or to the public and such a disclosure is to an individual or entity who is reasonably able to prevent or lessen that threat.

n) Specialized Government Functions- HHC may use and disclose PHI when authorized by law with regard to military or veteran activities.

o) Worker's Comp.- HHC may use and disclose PHI if you are involved in a Worker's Comp. Claim, to an individual or entity that is part of the Worker's Comp. System.

p) National Security - HHC may use and disclose PHI to authorized government officials with necessary intelligence information for national security purposes only when absolutely necessary.

q) Military and Veterans- HHC may use and disclose PHI if you are a member of the armed forces, as required by the military command authorities.

r) Medical Release Authorization – If you require your PHI to be released by us, you may sign a medical release authorization. We will then copy your records to the extent you wish (there may be a nominal fee associated with copying costs). Uses and/or disclosures, other than those described above, will be made only with your written authorization.

YOUR RIGHTS

You have the right to:

- Revoke any authorization or consent you have given to HHC, at any time. To request a revocation, you must submit a written request to HHC's Privacy Officer.
- Request special restrictions on certain uses and disclosures of PHI as authorized by law. In general, this relates to your right to request special restrictions concerning disclosures of your PHI regarding uses for treatment, payment and operational purposes under the Privacy Rule Section 164.5228 and restrictions related to disclosures to your family and other individuals involved in your care under Section 164.510b. Except in certain instances, HHC may not be obligated to agree to any restrictions. To request restrictions, you must submit a written request to HHC's privacy officer. In your written request you must inform the practice of what information you want to limit. If the practice agrees to your request it will be followed, unless the information is needed in order to provide you with emergency treatment.
- Receive confidential communications or PHI by alternate locations as provided by Privacy Rule Section 164.522b. For instance, you may request all written communications to you marked "Confidential PHI". Your request must be made in writing to the HHC's Privacy Officer. HHC will honor all reasonable requests.
- Inspect and copy your PHI as provided by law. To do so requires a written request to the Privacy Officer. HHC can charge fees for such services. In certain situations we can by law deny these requests. However, you will be notified in written form of a denial notice.
- Amend your PHI. A written request must be sent to the Privacy Officer. You must provide a reason for your request. HHC may deny the request in written form. If you disagree with this denial you may submit a written statement of disagreement.
- Receive an accounting of disclosures of your PHI as provided by law. To do so requires a written request to the Privacy Officer. A time period of 6 years from the date of request is the limit and may not include dates before April 14, 2003. The first list is free. All subsequent requests may be subject to a fee.
- Receive a paper copy of this Privacy Notice from HHC upon request.
- Complain to HHC or to the Secretary of Health and Human Services if you believe these rights have been violated. These complaints must be written.

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 To obtain more information about your Privacy Rights or, if you have questions, you may contact:
 Brandon Lundell, Privacy Officer for HHC
 714 Kimbark St.
 Longmont, CO 80501
 Tel: 303-651-1502 / Fax:303-651-9383

OUR REQUIREMENTS

Harmony Healing Center is committed to:

- A) Maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the practice's legal duties and privacy practices with respect to your PHI.
- B) Maintain greater restrictions on the use or release of your PHI than that which is provided by Federal law (sometimes required by State or local statutes).
- C) Abide by the terms of this Privacy Notice.

Further, HHC reserves the right to change the terms of this Privacy Notice and to make the New Privacy Notice provisions effective for your entire PHI. You may ask for a copy of this form and any subsequent revisions at any time. We will be glad to provide you with such.

This notice is effective as of 7/15/2005

PATIENT ACKNOWLEDGMENT

By signing my name below, I acknowledge that I have read, fully understand and agree with the above information and terms. I also understand that it is my responsibility to understand the information and terms and to make the necessary effort to clarify any items in this document.

Name: _____ **Date** _____

Thank You- Harmony Healing Center