

# **Notice of Privacy Practices (Notice)**

## **Rak Shiv Lad PC d/b/a Breakaway Chiropractic and Wellness**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Rak Shiv Lad PC d/b/a Breakaway Chiropractic and Wellness (Breakaway) is required to comply with the following health care privacy rules as they relate to the Health Insurance Portability and Accountability Act (HIPAA):

- Ensure that medical information that identifies you is kept private;
- Provide you with this Notice of Privacy Practices (Notice) of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this Notice that are currently in effect.

Breakaway believes it is our duty to protect your health information because we understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of medical services and products you receive through Breakaway. This record is needed to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care whether generated by Breakaway personnel or obtained from other health care entities with whom you are associated. These health care entities may have different policies or notices regarding the use and disclosure of your medical information.

## **HOW BREAKAWAY MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe ways that Breakaway may use and disclose protected health information. Protected health information is any information about you that may link you to your medical condition or medical information. For each category, we will explain the types of information that will be disclosed and give at least one example. All the ways we are permitted to use and disclose information will fall within one of these categories. However, not every use or disclosure in a category will be listed.

- For Treatment: We may use protected health information to provide you with medical services and products. We may disclose protected health information about you to physicians, nurses or other health care entities to provide you with your supplies. For example, we may request diagnosis information from your physician to ensure that the correct supplies are being provided for treatment. In certain instances, we may use and disclose your protected health information to communicate with you regarding treatment options or other health related products or services.

- **For Payment:** We may use and disclose protected health information to bill and collect payment for health care services and products we provide. Also, we may disclose your information to other health care providers or entities involved in the coordination of your care for their billing purposes. For example, we may inform your health insurance provider about supplies you are going to receive to obtain a prior approval or to determine if your plan will cover the supplies.
- **For Health Care Operations:** We may use and disclose your protected health information for a variety of business activities that are called health care operations. For example, we may use protected health information to evaluate the performance of our staff in providing services and products to you or to work with others who assist us in complying with this Notice and other applicable laws. Also, if you requested that we send order updates to your e-mail address, we may use and disclose protected health information for that purpose.

Breakaway has safeguards in place to protect your medical information. In the event of a breach in the security of your protected health information, we are responsible for notifying you.

In addition to treatment, payment and health care operations, Breakaway may use and disclose your protected health information without your authorization as follows:

- **Alternative Treatment/Supplies:** Except as otherwise described below, we may use and disclose protected health information to inform you of new alternatives and products that may help you manage your health. This may include providing you with product information in a face-to-face encounter and/or providing you with certain promotional gifts of nominal value.
- **Supply Reminders:** We may use and disclose your protected health information to contact you about your supply needs and provide supply reminders about an item that is currently prescribed to you. If we receive payment from a manufacturer for this service, it will be reasonably related to our cost of providing this information to you.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release protected health information about you to a friend or family member who you have listed as a contact involved in your medical care. Additionally, we may give information to an individual who helps pay for your care.
- **As Required by Law:** We will use and disclose protected health information about you when required to do so by federal, state or local law.
- **Public Health Activities:** We may disclose protected health information about you for public health activities. Examples of these include notification for product recalls or reporting problems about products.
- **Health Oversight Activities:** We may disclose protected health information about you to a health oversight agency for activities authorized by law. Examples of these activities include audits, investigations, inspections, and licensure.
- **Lawsuits/Disputes/Court Proceedings:** If you are involved in a lawsuit, dispute or court proceeding, we may disclose protected health information about you in response to a court or administrative order. We may disclose protected health information about you in response to the following: subpoenas, discovery

requests or other lawful processes by others involved in the dispute. This will only be done if efforts have been made to inform you about the request or to obtain an order protecting the information requested.

- **Law Enforcement:** We may release protected health information about you if asked to do so by a law enforcement official.
- **Threat to Health/Safety:** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Certain Government Functions:** We may release protected health information about you to authorized federal officials for the following government functions: intelligence, counterintelligence and other national security activities authorized by law; to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state; or to conduct special investigations; to a member of the armed forces as required by military command authorities; or to correctional institutions or law enforcement officials.
- **Decedents.** We may disclose your Protected Health Information to a coroner or medical examiner as authorized by law.
- **Organ and Tissue Procurement.** We may disclose your Protected Health Information to organizations that facilitate organ, eye or tissue procurement, banking, or transplantation.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your Protected Health Information if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.
- **Health-Related Benefits/Services:** We may use and disclose medical information about you to inform you of health-related benefits, services or products that may help you manage your health.
- **Workers' Compensation:** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR AUTHORIZATION**

Other uses and disclosures of medical information not included in this Notice or by laws that apply to its use will be made only with your written authorization, unless otherwise permitted by law. For instance:

- **Marketing.** We must obtain your permission prior to using your Protected Health Information for purposes that are considered marketing under the HIPAA privacy rules. For example, and except as described above, where we receive financial remuneration from third parties in exchange for communicating with you about certain products, services, treatments, therapies, health care providers, settings of care, case management, and care coordination, with your permission, we may use your Protected Health Information to provide you with these communications.

- Sale of Protected Health Information. We will not make any disclosure of Protected Health Information that is a sale of Protected Health Information without your written authorization.
- Psychotherapy Notes. We will not use or disclose psychotherapy notes about you without your authorization except for use by the mental health professional who created the notes to provide treatment to you, for our mental health training programs or to defend ourselves in a legal action or other proceeding brought by you.

To secure your authorization for these and other types of communications, we may provide you with a form of authorization by which you may agree to such authorization electronically via your computer or by hard copy. If you sign an authorization electronically, you will be consenting to the use of electronic records and confirming that you have hardware and software sufficient for electronic communications with us. Should you no longer wish to receive electronic communications, you may withdraw your consent for these electronic communications by notifying us at 1-800-321-0591 x3151. You are always able to receive paper copies of your electronic records by calling us at this same phone number. You may revoke an authorization you provide to us in writing at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written request. Note: We are unable to take back any disclosure(s) that we have already made with your authorization or pursuant to this Notice of Privacy Practices. Additionally, we are required by law to retain records of the medical services and products that we provided to you for a specific period.

## **YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

- Right to Inspect and to Receive A Copy: You have the right to inspect and to receive a copy of your protected health information that may be used to make a decision about your care. Usually, this includes medical and billing records. If you request a copy of your information, it must be submitted in writing and we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request under certain circumstances. You will be provided with a reason for the denial. Additionally, we are required to provide you with a copy of your protected health information in the form and format requested.
- Right to Request Restrictions: You have the right to request that we limit how we use or disclose your protected health information. We will consider your request, but are not legally bound to agree to the restrictions, except we must follow all restrictions on communications to health plans for payment or health care operation purposes that pertain solely to health care services or items for which you, or someone on your behalf, has paid us in full. We cannot agree to limit uses or disclosures that are required by law. If you wish to request a restriction, you must submit the request in writing. Upon receipt of your request, we will evaluate it and provide you with a written response.
- Right to Choose How We Contact You: You have the right to request that we contact you at an alternate address or by alternate means.
- Right to Have Protected Health Information Amended: You have the right to request that we amend, correct, or supplement your protected health information maintained by Breakaway. Note: Breakaway may request for this to be submitted in writing. If you believe that we have information that is either inaccurate or incomplete, we may amend, correct or supplement the information and notify others who

have copies of the information you deem to be inaccurate or incomplete. We may deny your request under certain circumstances. You will be provided with a reason for the denial.

- **Right to Find Out What Disclosures Have Been Made:** You have the right to request a detailed listing of disclosures other than instances of disclosure for which you gave consent or signed an authorization (examples include for treatment, payment, operations, law enforcement or to you or your family). This request must be submitted in writing and include your name, address, and a time period, which may not be longer than six (6) years and may not include dates before 4/14/2003. There will be no charge for up to one (1) list per year. For additional lists, there may be a fee to cover the cost of preparing the list.
- **Right to Receive This Notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by e-mail upon request. Note: Copies of this Notice are also available at our website, [www.Breakawaychiro.com](http://www.Breakawaychiro.com).
- **Right to File A Complaint About Our Privacy Practices:** If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint with the Assistant Privacy Officer at Breakaway (972-377-0600 x 2 ) or the Secretary of the Department of Health and Human Services. We will not take any action against you or change our treatment of you in any way if you file a complaint.

## **CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices that are described in this Notice. We reserve the right to make the revised or changed privacy practices applicable to protected health information we already have about you as well as any information we receive in the future. A copy of our current Notice will be posted in our offices and at our website, [www.Breakawaychiro.com](http://www.Breakawaychiro.com). Prior to a material change in this Notice, we will promptly revise and repost it. The Notice will contain the effective date in the bottom left corner.

## **PLEASE ACKNOWLEDGE RECEIPT OF THIS NOTICE OF PRIVACY PRACTICES ON THE ENCLOSED PATIENT CONSENT FORM.**

Please submit written requests to:

Assistant Privacy Officer  
Rak Shiv Lad PC  
d/b/a Breakaway Chiropractic And Wellness  
11550 Legacy Dr. St.480  
Frisco, TX 75033

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