

# NOTICE OF PRIVACY POLICY

## Bloom Chiropractic

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**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.**

If you have any questions about this Notice please contact our Privacy Officer or any staff member in our office.

"Protected Health Information" (PHI) is information about you, including demographic information that may identify you, that relates to your past, present, or future condition and related health care services.

We are required by federal law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. You may obtain revisions to our Notice of Privacy Practices by accessing our website [www.bloomintowellness.com](http://www.bloomintowellness.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.

### **A. Uses and Disclosures of Protected Health Information Based Upon Your Implied Consent**

- **Treatment:** We will use and disclose your protected health information 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 protected health information. For example, we would disclose your protected health information, as necessary, to another physician who may be treating you. Your protected health information 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.
- **Payment:** Your protected health information 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.
- **Healthcare Operations:** We may use or disclose your PHI in order to support the business activities of this office. These activities may include, but are not limited to: identity verification (requesting your ID card), call you by your name in front of others, therapy treatments, and training of chiropractic students.

### **Uses and Disclosures of Protected Health Information That May Be Made With Your Written Authorization**

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

- Sending treatment notes to another provider who we are NOT referring you to
- Disclosure of your PHI to self (written requests must be documented)

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

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

- **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information 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 protected health information 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 protected health information 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 That May Be Made Without Your Consent, Authorization or Opportunity to Object**

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

- **Required By Law:** We may report PHI such as demographics and patient vitals, which we are required by law to report.
- **Public Health:** The disclosure will be made for the purpose of controlling disease, injury or disability.
- **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect.
- **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court
- **Law Enforcement:** We may also disclose protected health information, 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 protected health information, as authorized, to comply with workers' compensation laws and other similar legally-established programs.

## **B. Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your doctor and the Practice uses for making decisions about you.
- **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply.
- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**
- ***You have the right to obtain a paper copy of this privacy policy***

## **C. Complaints**

You may complain to us, or the Secretary of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, or any staff member, including Dr. Bloom at the following phone number 952-894-6300 or our website, at [www.bloomintowellness.com](http://www.bloomintowellness.com) for further information about the complaint process.