

Notice of Patient Privacy Rights

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

PLEASE REVIEW IT CAREFULLY

Levi J. Pulver, D.C., PLLC is committed to maintaining the privacy of your PHI (Personal Health Information); including information pertaining to your health condition and care you receive from the Office/Practice. This notice portrays how your PHI may be used and disclosed to third parties. This Notice also portrays your rights regarding your PHI.

▪ Levi J. Pulver, D.C., PLLC may use and/or disclose your PHI for the following purposes:

- A. Health Care** – In order for the Office/Practice to provide you with the care you require, your PHI will be provided to those professionals, whether on the Practice’s staff or not, directly involved in your care so that they may understand your health status and needs.
- B. Payment** – In order for the Office/Practice to be paid for the services provided to you, your PHI will be provided, directly or through a billing service, to applicable third party payers, in conformance to their billing and payment requirements.
- C. Health Care Operations** – In order for the Office/Practice to contrive in accordance with applicable law, insurance billing, and to continue to provide efficient and quality care, it may be necessary for the Practice to collate, use and/or disclose your PHI.
 - The Office/Practice may also use and/or disclose your PHI without your specific authorization in the following additional instances:
 - a. De-identified Information** – Information that does not identify you and, even without your name, cannot be used to identify you.
 - b. Business Associates** – An entity that assists the Practice in undertaking a vital objective. A business associate may obtain your PHI, if the Office/Practice acquires satisfactory written affirmation, in accordance with applicable law, and the business associate appropriately protects your PHI.
 - c. Personal Representative** – A person who, under applicable law, has the authority to represent you in making decisions related to your health care.
 - d. Emergency Situations** – For the purpose of obtaining or rendering emergency treatment to you if the opportunity for you to object cannot be obtained due to your incapacity or emergent treatment circumstances. The treatment will be consistent with your prior expressed preferences and will be in your best interest.
 - e. Public Health Activities** – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent serious harm.
 - f. Abuse, Neglect or Domestic Violence** – The Office/Practice by law is required to make

such disclosures to a government authority. If the Practice is authorized by law to make a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.

- g. Health Oversight Activities** – Activities required by law, which involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community’s health care system.
- h. Law Enforcement Purpose** – In certain instances, your PHI may be disclosed to a law enforcement official.
- i. Workers’ Compensation** – The Office/Practice may disclose your PHI, if you are involved in a Workers’ Compensation Claim, to an individual or entity that is a part of the Workers’ Compensation system.
- j. Military and Veterans** – If you are a member of the armed forces, the Office/Practice may disclose your PHI as required by the military command authorities.

APPOINTMENT REMINDER

- The Office/Practice may, from time to time, contact you to provide appointment reminders or information about treatment alternatives of other health-related benefits and services that may be of interest to you. The following appointment reminders that may be used by the Practice: a) a postcard mailed to you at the address provided by you; b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone.

DIRECTORY/SIGN-IN LOG

- The Office/Practice maintains a directory of and sign-in log for individuals seeking care and treatment in the office. Directory and sign-in logs are located in a position where staff can readily see who is seeking care in the office, as well as the individuals located within the Practice’s office suite. This information may be seen by, and is accessible to, others who are seeking care or services in the Practice’s office.

FAMILY/FRIENDS

- The Office/Practice may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such persons involvement with your care or the payment for your care. The Office/Practice may also use or disclose your PHI to notify or assist in the notification (including identifying or location) a family member, a personal representative, or another person responsible for your care, of your general location or condition. In both cases, the following conditions will apply:
 - (a) If you are present at or prior to the use or disclosure of your PHI, the Office/Practice may use or disclose your PHI if you agree, or if the Practice 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, the Office/Practice will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interest and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

AUTHORIZATION

• Uses and/or disclosures, other than those described above, will be made only with your written authorization.

YOUR RIGHTS

- You have the right to:
 - (a) Revoke any authorization in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
 - (b) Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Office/Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request **unless** the information is needed in order to provide you with emergency treatment.
 - (c) Receive confidential communication or PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.
 - (d) Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. The Office/Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, the Office/Practice may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.
 - (e) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. The first list you list within a twelve-month period will be free, but the Office/Practice may charge you for the cost of providing additional lists. The practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
 - (f) Receive a paper copy of this Privacy Notice form the Office/ Practice upon request to the Practice's Privacy Officer.
 - (g) Complain to the Practice/Office if you believe your privacy rights have been violated. To file a complaint you must contact the Practice's Privacy Officer in writing.
 - (h) To obtain more information on, or have your questions about your rights answered, you may contact Dr. Pulver at 616.834-3330 or email LeviJPulver@hotmail.com.

PRACTICE'S REQUIREMENTS

- The Office/Practice:
 - (a) Is required by Federal Law to maintain the Privacy Notice detailing the Office/Practice's legal duties and privacy practices with respect to your PHI.
 - (b) Is required by State Law to maintain a higher level of confidentiality with respect to certain portions of your medical information than is provided under Federal Law.
 - (c) Is required to abide by the terms of this Privacy Notice.
 - (d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
 - (e) Will distribute any revised Privacy Notice to you prior to implementation.
 - (f) Will not retaliate against you for filing a complaint.

EFFECTIVE DATE

- This Notice is in effect as of October 25, 2006.

NAME (PRINTED) _____

SIGNATURE _____

DATE _____

Witness name (Printed) _____

Signature _____

DATE _____

If you are a minor, or if you are being represented by another party

PERSONAL REP. (PRINTED) _____

SIGNATURE _____

DATE _____