

## NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Updated: December 2008

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, Debra J. Arnold, at 417-890-7888, or by e-mail at [darnold@headachecare.com](mailto:darnold@headachecare.com).

A federal regulation, known as the "HIPAA Privacy Rule", requires that we provide detailed notice in writing of our privacy practices. This Notice of Privacy Practices describes how we may use and disclose health information about our patients. It also describes your rights to access and control your protected health information. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI". It is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services. It is required to carry out treatment, payment, or health care operations, and for other purposes permitted or required by law. This notice applies to all those physicians and healthcare providers providing care as part of Headache Care Center.

We are required by law to:

- Maintain the privacy of protected health information about you;
- Give you this Notice of our legal duties and privacy practices with respect to protected health information; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

We are required to abide by the terms of this Notice of Privacy Practices. Upon request we will provide you with an additional copy of this Notice. You may call the office to request a copy be mailed to you, or you may ask for one at the time of your next appointment. You may also view this Notice in our lobby, or by accessing our website at [www.headachecare.com](http://www.headachecare.com). We may change the terms of this Notice at any time. The new notice will be effective for all protected health information that we maintain at that time. If this notice is revised, it will be posted in the lobby of Headache Care Center and on our website at [www.headachecare.com](http://www.headachecare.com).

### I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, & HEALTHCARE OPERATIONS

Headache Care Center may use and disclose protected health information for a variety of reasons. We have a limited right to use or disclose your PHI for purposes of treatment, payment, or the health care operations of our facility. You will be asked to sign a consent form before you receive treatment at Headache Care Center. Headache Care Center will use or disclose your PHI only as described in this Section. Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your PHI may also be used and disclosed to pay your healthcare bills and to support the operation of the physician's practice.

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or healthcare operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

- A. Treatment:** We will use and disclose your PHI to provide, coordinate, and manage your health care and any related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, or other healthcare services. In addition, we may use and disclose PHI about you when referring you to another healthcare provider. For example, if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications.
- B. Payment:** We may use and disclose PHI to bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another healthcare provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that healthcare provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.
- C. Healthcare Operations:** We may use or disclose PHI in to perform business activities which are called healthcare operations. Healthcare operations include doing things that allow us to improve the quality of care we provide and reduce healthcare costs. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

If another healthcare provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain healthcare operations of that healthcare provider or company. For example, such healthcare operations may include: reviewing and improving the quality, efficiency, and cost of care provided to you; reviewing and evaluating the skills, qualifications, and performance of health care providers; providing training programs for students, trainees, health care providers, or non-healthcare professionals; cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; and assisting with legal compliance activities of that healthcare provider or company.

We may also disclose PHI for the healthcare operations of an “organized health care arrangement” in which our providers participate. An example of an organized healthcare arrangement” is the joint care provided by a hospital and the doctors who see patients at the hospital.

We will share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI as necessary to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

**Communication Within and From Our Office:** We may call you by name in the waiting room when your provider is ready to see you. We may also use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may use or disclose your PHI as necessary to contact you to remind you of your appointment. It is your responsibility to notify this office of any restrictions you may have in communicating with you outside of this office. For example, if you do not want to be contacted at work to remind you of an appointment.

## II. PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR OPPORTUNITY TO OBJECT

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case only the PHI that is relevant to your healthcare will be disclosed.

- A. **Others Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your PHI to a member of your family, a relative, a close friend or any other person you identify that directly relates to that person’s involvement in your care or payment of your 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. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for you, of your location, general condition, or death. We may also use or disclose your PHI 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. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other things that contain PHI about you.
- B. **Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.
- C. **Communication Barriers:** We may use or disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

## III. PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR OPPORTUNITY TO OBJECT

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

- A. **When Required By Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- B. **Public Health:** We may use or disclose your PHI to a public health authority that is permitted by law to collect or receive the information for the following activities related to public health:
- To prevent or control disease, injury, or disability;
  - To report disease, injury, birth, or death;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
  - To locate and notify persons of recalls of products they may be using;
  - To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
  - To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

- C. **Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and disciplinary activities. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government health care programs, other government regulatory programs, and civil rights laws.
- D. **Abuse, Neglect, or Domestic Violence:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your PHI to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- E. **Lawsuits and Other Legal Proceedings:** We may use or disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.
- F. **Law Enforcement:** We may disclose PHI, so long as applicable legal requirements are met, for the following law enforcement purposes where the disclosure is for one of the following:
- About a suspected crime victim if under certain limited circumstances we are unable to obtain a person's agreement because of incapacity or emergency;
  - To alert law enforcement of a death that we suspect was the result of criminal conduct;
  - Required by law;
  - In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About a crime or suspected crime committed at our office; or
  - In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.
- G. **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and eminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- H. **Coroners, Medical Examiners, Funeral Directors:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to do their duties. We may also disclose such information in reasonable anticipation of death.
- I. **Organ and Tissue Donation:** If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.
- J. **Research:** We may use and disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. Our research staff may review PHI to gain statistical information, but your PHI will not be disclosed without your written authorization.
- K. **Specialized Government Functions, Military Activity, and National Security:** When the appropriate conditions apply, we may use or disclose PHI for the following:
- Individuals who are Armed Forces personnel;
  - For activities deemed necessary by appropriate military command authorities;
  - For the purpose of a determination by the Department of Veteran's Affairs of eligibility for veterans benefits;
  - For national security and intelligence activities;
  - To help provide protective services for the president or others legally authorized;
  - For the health and safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to corrections facilities.
- L. **Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related injuries or illness.
- M. **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.
- N. **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

#### IV. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Any situation involving uses and disclosures of your PHI not otherwise described in this notice will only be made with your written authorization unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that Headache Care Center has taken an action in reliance on the use or disclosure indicated in the authorization.

## V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

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

- A. You have the right to inspect and copy your protected health information.** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records and any other records that your physician and the practice uses for making decisions about you. Under federal law, however, your right to inspect or copy psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative action or proceeding may be limited. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Officer to schedule a time to review your record. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request. Please contact our Privacy Officer if you have questions about access to your medical record.
- B. You have the right to request a restriction of your protected health information.** You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we do agree to the requested restriction, we are required to comply with our agreement except in certain cases, including when the information is needed to treat you in the case of an emergency. With this in mind, please discuss any restriction you wish to request with your physician. To request a restriction, you must make your request in writing to our Privacy Officer. You may request a restriction by completing the "Restriction of My Protected Health Information Request Form" available at the reception desk.

- C. You have the right to request to receive confidential communications.** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home rather than at work. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. You must make this request in writing to our Privacy Officer. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We will accommodate reasonable requests.
- D. You may have the right to amend your protected health information.** You have the right to request that we amend PHI about you as long as we maintain this information. Your request must be submitted in writing to our Privacy Officer, including a reason for the request. We may deny your request in certain cases, including if the request is not in writing or if you do not give us a reason for the request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have any questions about amending your medical record.
- E. You have the right to receive an accounting of disclosures.** You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years prior to your request. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in the Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, pursuant to an authorization of you or your personal representative, or for notification purposes, including national security, intelligence, correctional, and law enforcement purposes, and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Officer. The first list you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs and you may choose to cancel your request at any time before costs are incurred.
- F. You have the right to obtain a paper copy of this notice.** You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please ask the receptionist for a copy or contact the Privacy Officer.

## VI. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. 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 for further information about the complaint process. All complaints must be in writing, name the entity that is the subject of the complaint, describe the act(s) or omission(s) believed to violate HIPAA, and be filed within 180 days of the date when the person filing the complaint knew or should have known of the act(s) or omission(s) complained of occurred.

## VII. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Officer.

## VIII. PRIVACY OFFICER CONTACT INFORMATION

You may contact our Privacy Officer at the following:

Debra J. Arnold  
Headache Care Center  
3805 S. Kansas Expressway  
Springfield, MO 65807

Phone: 417-841-3624  
E-mail: darnold@headachecare.com