

Barbara McKennedy RN BSN NCTBM
Therapeutic Massage, Private Practice

Practicing at:

Onion River Chiropractic
440 Main Street, Winooski

Pathways to Well Being
168 Battery Street, Burlington

Please direct questions regarding HIPAA policy to Barb, copy of policy available upon request
In effect as of April 14, 2003

WHO WILL FOLLOW THE TERMS OF THIS NOTICE

All health care professionals, employees, students, volunteers and other personnel from these facilities authorized to access your medical record;

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

I am required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this notice

HOW I MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose your medical information:

Treatment. I may use your medical information to provide you with medical treatment or services. I may disclose your medical information to others who are involved in taking care of you. For example, a doctor treating you may need to share your medical information (such as x rays and exam findings) with others to coordinate your care.

Payment. I may use and disclose medical information so that services can be billed. For example, I may need to give your health plan information about services you received so your health plan can pay us. We may also tell your health plan about a planned treatment to determine whether your plan will cover the treatment

Business Associates. We may disclose your health information to contractors, agents and other associates who need information to assist us in carrying out our business operations. Our contracts with them require that they protect the privacy of your health information.

Appointment Reminders and Birthday Greetings. In the course of providing treatment to you, we may use your health information to contact you (e.g.: by phone or postcard) with a reminder that you have an appointment for treatment or services. We may also contact you by mail or phone with birthday wishes.

Health related Benefits and Treatment Alternatives. We may use and disclose medical information to tell you about or recommend health related benefits, services or treatment alternatives that may be of interest to you.

Incidental Disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of your treatment, other patients in the area may see or overhear discussion of your health information.

Under federal law, we are also permitted or required to use or disclose your health on without your consent in the following circumstances:

We are permitted to use or disclose your health information if we are providing health services to you *on the* orders of another health care provider.

We are permitted to use or disclose your health information if we are providing health services to you as an inmate.

We are permitted to use or disclose your health information if we are providing health services to you in an emergency. We are permitted to 'use or disclose your health information if we are required by law to treat you and we are unable to obtain your consent after attempting to do so. We are permitted to use or disclose your health information if there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

YOUR RIGHTS , REGARDING YOUR MEDICAL INFORMATION

Right to Inspect and Receive Copies. You may ask to inspect and receive copies of your medical records. To do so, submit your request in writing to the office manager. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in certain limited circumstances. If the request is denied, you may ask that the denial be reviewed. The request would then be reviewed by another health care professional. You have additional rights to appeal a denial *to* the Vermont Department of Health.

Right to Amend. If you feel your medical kept by you may ask to amend the information for as long as the facility. Your request must be made in writing to me and must include a reason for the request I may deny your request if the information:

1. Was not created by me, unless the person or entity that created the information is no longer available to make the amendment
2. Is not part of the medical record kept by me or for me. Is not part of the information that you would be permitted to inspect or receive copies; or
4. Is already accurate and complete.

If your request is denied, you will have the right to have certain information related to your requested amendment included in your records. These rights will be explained to you in your written denial notice. ,

Your Right to Request Restrictions. You have the right to request a restriction on how we use or disclose your health information to treat your condition, collect payment for your or for our health care operations. We are not required to agree to your request. If we do agree, we will fulfill your request unless the information is needed to provide you emergency treatment.

Your Right to Request a Paper Copy of this Notice. You may request a paper copy of this notice. It may also be posted on a future website for reference.

Your Right to a Listing of the Persons Receiving your Medical Information. You have the right to request that we give you an accounting of the disclosures of your health information for the last six years before the date of your request. The accounting will include all disclosures except:

1. those disclosures required for your treatment, to obtain payment for your services, or to run our practice
2. those disclosures made to you
3. those disclosures necessary to maintain a directory of the individuals in our facility or to individuals involved with your care
4. those disclosures for national security or intelligence purposes
5. those disclosures made to correctional officers or law enforcement Officers
6. those disclosures that were made prior to the effective date of the HIPAA privacy law.

CHANGES TO THIS NOTICE & COMPLAINTS

I reserve the right to change this notice. I may make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The current notice will be displayed and available to you.

If you believe that rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. To file a privacy related complaint with me, you may call me at 802 999-6993. All complaints to the Department of Health and Human Services should be submitted in writing.

You will not be penalized for filing a complaint.