



# **PATIENT BILL OF RIGHTS & NOTICE OF PRIVACY PRACTICES**

## **Request Additional Information or to Report a Problem**

If you have questions and/or would like additional information regarding any rights included in this Privacy Rights and Responsibilities Notice, you may contact Performance Chiropractic's Privacy Officer at 701-732-2888. After reading the *Patient Bill of Rights* and *Notice of Privacy Practices*, if you believe your privacy rights have been violated, you may file a complaint with Performance Chiropractic's Privacy Officer by calling 701-732-2888 or writing to:

**Performance Chiropractic  
Attn: HIPAA Privacy Officer  
4350 South Washington Street Suite 100  
Grand Forks, ND 58201  
OR  
Fax: 701-757-1213**

**You may also contact the U.S. Secretary of Health & Human Services at this toll-free number  
1-877-696-6775 OR by e-mail at [hhsmail@os.dhhs.gov](mailto:hhsmail@os.dhhs.gov).**

***There will be no retaliation for filing a complaint.***

You can obtain a form to request your patient information at Performance Chiropractic or by calling 701-732-2888. Performance Chiropractic will respond to you within 30 days after receiving your written request. In certain situations Performance Chiropractic may deny your request, however, we will explain to you in writing the reason for the denial as well as an explanation of your right to have the denial reviewed. A reasonable fee for copying and postage may be charged to process your request.



At Performance Chiropractic, we're working hard every day to bring our vision of health to life. We want you to share in that vision, to understand your rights and to have the highest expectations when it comes to your care. While there will be times when it is not possible to achieve every goal during your visit, we are committed to making our vision a reality and providing the best care possible.

## YOUR RIGHTS AS A PATIENT OF PERFORMANCE CHIROPRACTIC

1. **Respectful Treatment** – You have the right to be respected as an individual, regardless of race, ethnicity, gender, and mental or physical disability, deserving competent, compassionate care from clinicians, staff and others at this clinic. Every effort will be made to consider your psychosocial, spiritual, and cultural needs.
2. **Quality Care** – You have the right to appropriate care and treatment consistent with generally accepted standards of chiropractic best practices and based on available resources and individual needs. This right is limited where the service is not reimbursable by third-party payer and without other acceptable reimbursement arrangement.
3. **Treatment Planning** – You have the right to be given complete and current information concerning your diagnosis, treatment, alternative treatments, risks, benefits and estimated costs. You will be given as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse recommended treatment. Information will be given in terms and language that you can reasonably be expected to understand. Seeking a second opinion is considered part of all treatment plans.
4. **Treatment Refusal** – You have the right to refuse treatment based on the complete information given to you regarding your condition, including risks associated with refusing treatment.
5. **Privacy and Confidentiality** – you have the right, within the law, to privacy and confidentiality concerning your health record. Your written permission will be obtained before your medical record can be made available to anyone not directly concerned with your care. This right does not apply as required by complaint investigations, as required by third-party payers, or where otherwise provided by law.
6. **Continuity of Care** – You have the right to expect reasonable continuity of care.
7. **Provider** – You have the right to know, at all times, the identity, professional status and professional credentials of clinicians and other clinic personnel. You also have the right to request your care be coordinated and/or provided by a different clinician depending on your personal preference.
8. **Record Review** – You have the right to access information contained in your medical record within a reasonable time frame (defined by office policy as 3 business days) once written request is received. You may also request an amendment be made to your medical record to clarify anything noted upon your review.
9. **Research Projects** – You have the right to be advised if the clinic proposes to engage in or perform research associated with your care or treatment. You have the right to refuse to participate in any research projects. Your participation or refusal to participate will not affect your access to care, treatment or services.
10. **Safe Environment** – You have the right to care and treatment in a safe and supportive environment.
11. **Freedom from Abuse** – You have the right to be free from mental and physical abuse. "Abuse" includes any act that constitutes assault, sexual exploitation or sexual criminal conduct, or the intentional and non-therapeutic infliction of pain or injury, or any persistent course of conduct intended to produce mental or emotional distress.
12. **Financial Information** – You have the right to information regarding charges for services you receive and options available for payment including expected contribution by third-party payer when possible.

13. **Rules, Regulations and Grievance Process** – You have the right to be informed of the facility’s rules and regulations relating to patient and visitor conduct. You are entitled to information about the facility mechanism for the initiation, review and resolution of complaints or ethical issues.

The doctor-patient relationship works best as a partnership, which means that in addition to your rights you will have specific responsibilities associated with your care at Performance Chiropractic.

#### **YOUR RESPONSIBILITIES AS A PATIENT OF PERFORMANCE CHIROPRACTIC**

1. **Respect and Consideration** – You have the responsibility to be considerate of the rights of other patients and health care personnel, which includes the control of noise, smoking and number of visitors. You have the responsibility to respect the property of others at this clinic.
2. **Providing Information** – You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present health problems or concerns (to include pain), past illnesses, hospitalizations, medications, family history, and other matters relating to your health.
3. **Understand Treatment Plan** – You have the responsibility to let the clinician know whether you understand or don’t understand your treatment plan and what is expected of you, which includes asking questions.
4. **Identity** – You have the responsibility to provide proper identification to clinic staff and clinicians including personal information and insurance information. Minors must be accompanied by a parent/guardian or other person properly designated in writing.
5. **Information Changes** – You have the responsibility to report changes in your health condition or personal information to the doctor or staff accordingly.
6. **Participate in YOUR Health** – You have the responsibility to maximize healthy habits, such as exercising, not smoking and maintaining a healthy diet. You also have the responsibility to be involved in your healthcare decisions, which means working with providers in developing and carrying out agreed upon treatment plans and clearly communicating your wants and needs.
7. **Compliance with Treatment Plan** – You have the responsibility to comply with your treatment plan, including home care and follow-up care as recommended by the doctor. This includes keeping appointments on time and notifying the clinic when appointments cannot be kept.
8. **Environment** – You have the responsibility to help maintain a safe and clean environment by reporting any noted safety hazards (i.e. treatment or exercise equipment, floors, etc.), using appropriate receptacles to dispose of waste products, keeping children from running throughout the clinic spaces and keeping noise to low reasonable levels.
9. **Financial Obligation** – You have the responsibility for assuring that your financial obligation to Performance Chiropractic is fulfilled as promptly as possible or according to an agreement made with the clinic in writing. You are responsible for notifying the clinic when disruption of prompt payment occurs unexpectedly.

All Patient Rights & Responsibilities apply to the person who may have legal responsibility to make decisions regarding healthcare on behalf of the patient.

#### **ZERO TOLERANCE STATEMENT**

Situations may arise when it is necessary to terminate the Patient/Provider (clinic) relationship. A patient’s repeated failure to comply with the rules of the clinic including the **Patient’s Responsibilities**, in addition to behaviors considered being abuse, harassment, or violence as outlined in Performance Chiropractic’s Zero Tolerance Policy, may lead to termination. Such behaviors include, but are not limited to: verbal attacks or coercion; repeated use of obscenities; shouting, screaming or name-calling; slanderous or libelous statements; physical threats; hitting, spitting, or throwing objects; behavior that creates fear for one’s immediate safety; verbal or physical gestures that pose an immediate threat; assault or aggression; use of a gun or other weapon; forcefully controlling the actions of another against their will; threat of or use of a bomb or other explosive device; or illegal acts such as theft or forgery.



PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION.

### **POLICY STATEMENT**

This Practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from the Practice and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Practice, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

### **USE OR DISCLOSURE OF PHI**

The Practice may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Practice. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

- **Care** – In order to provide care to you, the Practice will provide your PHI to those health care professionals directly involved in your care so they may understand your medical condition and needs and provide advice or treatment. For example, your physician may need to know how your condition is responding to the treatment provided by the Practice.
- **Payment** – In order to get paid for some or all of the health care provided by the Practice, the Practice may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, the Practice may need to provide your health insurance carrier with information about health care services you received from the Practice so the Practice may be properly reimbursed.
- **Health Care Operations** – In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to provide quality and efficient care, it may be necessary for the Practice to compile, use and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice's personnel in providing care to you.

### **AUTHORIZATION NOT REQUIRED**

The Practice may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

1. **De-identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
2. **Business Associate** – To a business associate, who is someone the Practice contracts with to provide a service necessary for your treatment, payment for your treatment and/or health care operations (e.g., billing service or transcription service). The Practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.
3. **Personal Representative** – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. **Public Health Activities** – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.
5. **Federal Drug Administration** – If required by the Food and Drug Administration to report adverse events, product defects, problems, biological product deviations, or to track products, enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
6. **Abuse, Neglect or Domestic Violence** – To a government authority, if the Practice is required by law to make such disclosure. If the Practice is authorized by law to make such a disclosure, it will do so if it believes the disclosure is

necessary to prevent serious harm or if the Practice believes you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.

7. Health Oversight Activities – Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
8. Judicial and Administrative Proceeding – For example, the Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
9. Law Enforcement Purposes – In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Practice; and (6) a medical emergency (not on the Practice's premises) has occurred, and it appears that a crime has occurred.
10. Coroner or Medical Examiner – The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.
11. Organ, Eye or Tissue Donation – If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs.
12. Research – If the Practice is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board, the de-identification of your PHI before it is used, and the requirement that protocols must be followed.
13. Avert a Threat to Health or Safety – The Practice may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
14. Workers' Compensation – If you are involved in a Workers' Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
15. Disaster Relief Efforts – The Practice may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.
16. Specialized Government Functions – When the appropriate conditions apply, the Practice may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The Practice may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.
17. Inmates – The Practice may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.
18. Marketing - Face to face communication directly with the patient or promotional gifts of nominal value do not require authorization. All other situations require separate authorization.
19. Required by Law – If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

## **AUTHORIZATION**

Uses and/or disclosures, other than those described above, will be made only with your written Authorization, which you may revoke at any time.

## **APPOINTMENT REMINDER**

The Practice may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of a letter or postcard. The Practice will try to minimize the amount of information contained in the reminder. The Practice may also contact you by phone and, if you are not available, the Practice will leave a message for you.

## **TREATMENT ALTERNATIVES/BENEFITS**

The Practice may, from time to time, contact you about treatment alternatives it offers, or other health benefits or services that may be of interest to you.

## **YOUR RIGHTS**

You have the right to:

- Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
- Receive a paper copy of this Privacy Notice from the Practice upon request.
- To file a complaint with the Practice, please contact the Practice's Privacy Officer. All complaints must be in writing.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the 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.
- Receive confidential communications of 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.
- 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. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed. The Practice may charge you a fee for the cost of copying, mailing or other supplies associated with your request.
- Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you have the right to submit a written statement of disagreement.
- Receive an accounting of non-routine 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 the dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12 month period will be free, but the Practice may charge you for the cost of providing additional lists in that same 12 month period. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights. Our Privacy Officer will furnish you with the address upon request.

- To obtain more information, or have your questions about your rights answered, please contact the Practice's Privacy Officer.

#### **PRACTICE'S REQUIREMENTS**

The health care office:

- Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice upon request.
- Is required to abide by the terms of this Privacy Notice.
- 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.
- Will not retaliate against you for making a complaint.
- Must make a good faith effort to obtain from you an Acknowledgment of receipt of this Notice.
- Will post this Privacy Notice in its lobby and on the Practice's web site, if the Practice maintains a Web site.