

HIPAA Notice of Privacy Practices

The practice acts to maintain the privacy of protected health information and provide individuals with notice of the practice's legal duties and privacy practices with respect to protected health information as described in this notice and abide by terms of the notice currently in effect.

Provision of Notice: the practice provides its notice of privacy practices to every patient with whom it has a direct treatment relationship.

Documentation of Provision of Notice: when a direct treatment patient receives the notice from the practice, the practice asks the patient to sign its "Receipt of Notice of Privacy Practices" form. The form is filed with the patient's medical record. If the patient refuses to sign the form, it is noted in the medical record that the patient was given the notice and refused to sign the form.

Uses and Disclosures of Protected Health Information

The practice ensures that the protected health information (PHI) it requests, uses, and discloses for any purpose is the minimum amount of PHI necessary for that purpose. The practice treats all qualified individuals as personal representatives of patients. The practice generally allows individuals to act as personal representatives of patients. The two general exceptions relate to unemancipated minors and abuse, neglect, or endangerment situation.

Uses and Disclosures- Treatment, Payment, and Health Care Operations

The practice uses and discloses protected health information for payment, treatment, and health care operations. Treatment includes those activities related to providing services to the patient, including releasing information to other health care providers involved in the patient's care. Payment relates to all activities associated with getting reimbursed for services provided, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim. Health care operations include a number of areas, including quality assurance and peer review activities.

Uses and Disclosures- Not Requiring Authorization

Disclosure to Those Involved in Individual Care: The practice discloses protected health information to those involved in the patient's care when the patient approves, or when the patient is not present or not able to approve, when such disclosure is deemed appropriate in the professional judgment of the practice. When the patient is not present, the practice determines whether the disclosure of the patient's information is authorized by law and if so, discloses only the information directly relevant to the person's involvement with patient's health care.

Uses and Disclosures Required by Law

The practice discloses protected health information regarding victims of abuse, neglect, or domestic violence as required by law, or if not required by law, if the individual agrees to the disclosure.

Disclosures for Judicial and Administrative Proceedings

In general, the practice discloses information for judicial and administrative proceedings in response to an order of a court or an administrative tribunal; or a subpoena, discovery request, or other lawful process, not accompanied by a court order, or an ordered administrative tribunal. The practice discloses PHI for law enforcement purposes to law enforcement officials.

Individual Rights- Inspect and Copy Protected Health Information

The practice allows individuals to inspect and copy their protected health information, documents all requests, and responds to those requests in a timely fashion. Requests for the inspection and copying of records must be in writing and sent to the practice.

Individual Rights-Request Confidential Communications

The practice accommodates all reasonable requests to keep communications confidential. A request for confidential communications must be in writing, must specify an alternative address or other method of contact, and must provide information about how payment will be handled. The request must be in writing.

Individual Rights- Request Restriction of Disclosures

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. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction if physician believes it is in your best interest to permit use and disclosure of your PHI.

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