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Notice of Privacy Practices
March 2018

INTRODUCTION:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. (HIPAA of 1996)

This notice describes the procedures of Pinnacle Natural Health Center and that of:

- Any health care professional authorized to enter information into your medical record.
- Any member of a volunteer group we allow to help you while you are receiving care at Pinnacle Natural Health Center.
- All employees, staff and other personnel of Pinnacle Natural Health Center.
- Business Associates of Lourdes Health Network.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal and, as part of its Mission, Pinnacle Natural Health Center is committed to protecting the confidentiality of this information. We call this information "protected health information" or "PHI."

We create a record of the care and services you receive at Pinnacle Natural Health Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by Pinnacle Natural Health Center.

This notice will tell you about the ways in which we may use and release medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are 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 about your medical information.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND RELEASE YOUR PROTECTED HEALTH INFORMATION.

We use and release health information for many different reasons. For some of these uses or disclosures, we *may* need your prior specific authorization. Below, we describe the different categories

of our uses and disclosures and give you some examples of each.

LHN may use and disclose your Health Information for the following purpose

Uses and Disclosures Relating to Treatment, Payment of Health Care Operations. We may use and release your PHI for the following reasons:

TREATMENT: We may release your PHI to physicians, nurses, students, technicians and other health care personnel who provide you with health care services or are involved in your care.

PAYMENT: We may use and release your PHI in order to bill and collect payment for the treatment and services provided to you. We may also provide your PHI to our business associates, such as billing companies and claims processing companies that process our health care claims. We may share your information with other providers for payment purposes. We are required to have you sign an authorization before we can bill your insurance company.

OPERATIONS: We may release your PHI in order to do business.

Certain Other Uses and Disclosures That Do Not Require Your Consent:

When disclosure is required by federal, state or local law, courts or law enforcement. For example, we make disclosures when a law requires that we report information about victims of abuse, neglect or domestic violence; when dealing with gunshot and other wounds, or when ordered by a court, for example, in response to a court order, subpoena, warrant, summons or similar process.

Public health activities.

For health oversight activities: Audits, investigations, inspections.

To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement or persons able to
·prevent or lessen such harm.

Workers' compensation purposes. Compliance with workers' laws.

Appointment reminders and health-related benefits or services. We may call you for appointment reminders.

Uses and Disclosures That Require Your Consent.

Disclosure to family, friends, or others. We may provide your PHI to a family member, friend or other person *that you indicate* is involved in your care or the payment for your health care. We will ask you who your Care Partner is. You may request that we not share information with any family, friends or others.

All Other Uses and Disclosures Require Your Prior Written Authorization.

In any other situation not described in this section, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to release your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization.)

RIGHTS YOU HAVE REGARDING YOUR PHI. You have the following rights with respect to your PHI:

Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and release your PHI. You may not limit the uses and disclosures that we are legally required or allowed to make. To request restrictions, you must make your request in writing to Pinnacle Natural Health Center. Your request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply, for example, disclosures to your spouse or employer.

Inspect and Obtain Copies of Your PHI. In most cases you have the right to inspect and receive copies of your PHI that we have. You must make the request in writing to the Pinnacle Natural Health Center. We will respond to you within fifteen (15) working days after receiving your written request. Twenty-one (21) working days are allowed for difficult circumstances. In certain situations we may deny your request. If we deny your request, we will tell you in writing our reasons for the denial and explain your right to have a denial reviewed. If you request copies of your PHI, we will charge you according to current Oregon State law. We do not charge for sending copies of your PHI to another health care facility or provider where you are or will be receiving health care services.

Accounting for Disclosures. You have the right to get a list of instances in which we have released your PHI. Requests for a list of disclosures must be in writing to Pinnacle Natural Health Center. The list will not include any uses or disclosures made before April 1, 2018.

Pinnacle Natural Health Center will respond within 60 days of receiving your request. The list will include the date of the disclosure, to whom PHI was released (including their address, if known), a description of the information released and the reason for the disclosure. Pinnacle Natural Health Center will provide the first accounting at no charge. An additional fee of \$25.00 will be charged for further accountings within a twelve (12) month period.

Correct or Update Your PHI. If you feel that the medical information that we have for you is incorrect or incomplete, you have the right to request that we correct the existing information or add missing information. You must provide the request and your reason for the request in writing to Pinnacle Natural Health Center. We will respond within fifteen (15) working days of receiving your request. We may deny your request in writing if the PHI is (1) correct and complete, (2) not created by us, (3) not allowed to be, released, or (4) not part of our records. Pinnacle Natural Health Center will provide in writing the reasons for the denial and explain your right to file a written statement of disagreement with the denial.

You have the right to receive a copy of this notice at any time.

HOW TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with Pinnacle Natural Health Center as described in the final section of this notice. You may also send a written complaint to:

Secretary of the Department of Health and Human Services 200
Independence Avenue SW
Washington, DC 20201

You will not be penalized and we will take no retaliatory action against you if you file a complaint about our privacy practices.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you have questions about this notice or have a complaint about our privacy practices, please contact:

Dr. Kenzie Maloy
Pinnacle Natural Health Center

POSTING OF AND CHANGES TO THIS NOTICE. We reserve the right to change this notice. Such changes or revisions are effective for medical information we already have about you as well as any information we receive in the future. A copy of the current notice will be posted in Pinnacle Natural Health Center with the effective date identified on the front page. Copies of the original and subsequent revisions of the Notice are retained for six years from the date of creation. In addition, written acknowledgements of receipt of the Notice or documentation of good faith efforts to obtain written acknowledgement are also retained for six years.