

| Notice of Privacy Practices

Aspen Chiropractic Clinic, LLC and its individual member practices ("We") which are maintained for the delivery of health care services and products take personal health information privacy seriously, and expect all employees, agents, and business associates to do the same.

overview

The law requires we keep your protected health information ("PHI") private in accordance with this notice of privacy practices ("Notice"), as long as this Notice remains in effect. We are also required to provide you with a paper copy of the Notice, which contains our privacy practices, our legal duties, and your rights concerning your PHI. From time to time we may revise our privacy practices and the terms of our Notice at any time as permitted or required by applicable law. Such revisions to our privacy practices and our Notice may be retroactive. Our Notice will be updated and made available to our patients prior to any significant revisions of our privacy practices and policies.

organizations covered by this notice

This Notice contains the privacy practices for Aspen Chiropractic Clinic, LLC ("Clinic") and the individual member practices named below. We participate in an organized health care arrangement and may use and disclose your PHI as we shall deem appropriate for your treatment, payment, or health care operations.

Aspen Chiropractic Clinic, LLC
Mary Ann "Penny" Domm, DC
Kimberly D. Queen, DC

| Privacy Practices

use and disclosures

We are required to protect PHI from unauthorized access or use. PHI is information that identifies you and includes demographic data that relates to your health or condition, the provision of your health care and payment for the provision of your health care. Common identifiers include your name and birth date. In all cases in which we use or disclose PHI we do so only to the minimum extent necessary to accomplish the purpose of the use or disclosure. We are required to disclose PHI to you or your personal representatives when you specifically request access or an accounting of disclosures of your PHI, and to the Department of Health and Human Services when it is undertaking a compliance investigation, review, or enforcement action. We do not generally share PHI with your employer or private notes about your health care with any entity without specific authorization. We are permitted, but not required, to use and disclose PHI without your authorization for Treatment, Payment, and Health Care Operations. For convenience, we provide the following examples:

Treatment: PHI may be used by or disclosed to any health care providers involved with the services provided to you.

Payment: PHI may be used or disclosed in order to collect payment for services provided to you.

Health Care Operations: PHI may be used or disclosed as part of our internal health care operations, which are any of the following activities: (a) quality assessment and improvement activities including case management and care coordination; (b) competency assurance activities including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) conducting training programs; (e) business planning and development; and (f) business management and general administrative activities.

authorization

We will not use or disclose your health care information for any reason except those described in the Notice unless you provide a written authorization to do so. We may request such an authorization to use or disclose your PHI for any purpose, but you are not required to give such authorization as a condition of your treatment. You may revoke any written authorization from you at any time, in writing, but such revocation will not affect any prior authorized use or disclosure.

access to medical records

We will provide you with access to your PHI as described below in the Individual Rights section of this Notice. With your permission or in some emergencies, we may disclose your PHI to your family members, friends, or other people to aid in your treatment or the collection of payment. A disclosure of your PHI may also be made if we determine it is reasonably necessary or in your best interests for such purposes as allowing a person acting on your behalf to receive filled prescriptions, health care supplies, x-rays, et cetera.

locating responsible parties

We may use or disclose your PHI in order to locate, identify, or notify a family member, your personal representative or other person responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you will be given the opportunity to consent to or to prohibit or restrict the extent or recipients of such disclosure. If we determine that you are unable to provide such consent we will limit the PHI disclosed to the minimum necessary.

disasters

We may use or disclose your PHI to any public or private entity authorized by law or by its charter to assist in disaster relief efforts.

required by law

We may use or disclose your PHI when we are required to do so by law. For example, your PHI may be released when required by privacy laws, workers compensation or similar laws, public health laws, court or administrative orders, subpoenas, certain discovery requests, or other laws, regulations, or legal processes. Under certain circumstances, we may make limited disclosures of PHI directly to law enforcement officials or correctional institutions regarding an inmate, lawful detainee, suspect, fugitive, material witness, missing person, or a victim or suspected victim of abuse, neglect, domestic violence, or other crimes. We may disclose your PHI to the extent reasonably necessary to avert a serious threat to your health or safety, or the health or safety of others. We may disclose your PHI when necessary to assist law enforcement officials to capture a third party who has admitted to a crime against you or who has escaped from lawful custody.

deceased persons

After your death we may disclose your PHI to a coroner, medical examiner, funeral director, or organ procurement organization in limited circumstances.

research

We may use or disclose your PHI for research purposes only in those limited circumstances not requiring your written authorization such as those which have been approved by an institutional review board that has established procedures for ensuring the privacy of your PHI.

military and national security

We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. When required by law we may disclose your PHI for intelligence, counterintelligence, and other national security activities.

| Individual Rights

access and copies

In most cases you have the right to review or to purchase copies of your PHI by requesting access or copies in writing to the *Compliance Manager*. We do not use or maintain electronic health records (EHR). We are not required to provide you with PHI in an electronic format upon request or to transmit such copy directly to any entity or person you designate.

disclosure accounting

You have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than those described in the Notice. For each 12-month period, you have the right to receive one free copy of an

accounting of certain details surrounding such disclosures that occurred after April 13, 2003. If you request a disclosure accounting more than once in a 12-month period you will be charged a reasonable, cost-based fee for each additional request. All requests for *disclosure accounting* must be in writing to the *Compliance Manager* for the Clinic and individual member practices. We do not use and disclose e-PHI through EHRs and we do not provide an accounting of e-PHI disclosures.

additional restrictions

You have the right to request that we place additional restrictions on the use or disclosure of your PHI but we are not required to honor such a request. We will be bound by such restrictions only if we agree to do so in writing signed by the Compliance Manager and the attending chiropractic physician. If you request a restriction on disclosures of PHI to a health plan for purposes of carrying out payment or health care operations and the PHI pertains to an item or service for which the provider has been paid out-of-pocket in full, this requested restriction will be honored.

alternate communications

You have the right to request that we communicate about your PHI by alternative means or in alternative locations. We will accommodate any reasonable request if it specifies in writing the alternative means or location and provides a satisfactory explanation of how future payments will be handled.

amendments to PHI

You have the right to request that we amend your PHI. Any such request must be in writing and contain a detailed explanation for the requested amendment. Under certain circumstances we may deny your request but we will provide you with a written explanation of the denial. You have the right to send a statement of disagreement to which we may prepare a rebuttal; a copy of which will be provided to you at no cost. Please contact the *Compliance Manager* with any further questions about amending your health care record.

security breach notification

You have the right to be notified regarding any security breach that compromises your PHI. We will notify the Secretary of Health and Human Services (HHS) or the Federal Trade Commission, or the media if more than 500 patients of a particular state are affected.

complaints

If you believe your privacy rights have been violated you may complain to the *Secretary of the U.S. Department of Health and Human Services*. You may file a complaint with the Clinic or individual members by notifying the *Compliance Manager*. We support your right to protect the privacy of your health care information. We will not retaliate in any way if you choose to file a complaint with the Clinic, its individual members, or with the U.S. Department of Health and Human Services.

| Contact Information

compliance manager

Kelly A. Morgensen, DC is an independent consultant retained by the Clinic and its member practices to address privacy issues.

Compliance Manager
7417 SW Beaverton Hillsdale Highway
Suite 200
Portland OR 97225-2100

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fax (503) 291-7152