



## HIPPA Notice of Privacy Practices

### **Your Information. Your Rights. Our Responsibilities.**

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

##### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

##### **Minnesota Law**

- If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee.
- If you request copies of your patient records of past medical care, or for a certain appeals, we may charge you specified fees.

##### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

##### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

##### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Minnesota Law** requires consent for disclosure of treatment, payment, or operations information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting Dr. Matthew Suntken at Quality Life Chiropractic & Massage  
3249 19<sup>th</sup> St NW Ste 2  
Rochester, MN 55901  
P: 507-206-6334 F: 507-206-6339  
Email: drsuntken@qualitylifemn.com
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we **NEVER** share your information unless you give us written permission:

- **Marketing purposes**, unless it is specifically permitted under law, such as interacting with you in person or providing you with a gift of nominal value.
- **Sale of your Information**
- **As part of a sale to a Third Party**, unless the transaction is permitted under law, such as the sale of an entire business operation.
- **Substance Abuse Treatment Records**
- **For Any Other Purpose** not identified in this Notice.
- **Psychotherapy notes**, we **do not** create or maintain psychotherapy notes.

**Minnesota Law** requires your authorization for most disclosures or sharing of your personal health information, except for your treatment by providers within related health care entities, during emergencies, or as otherwise authorized or required by law. If you provide us with an authorization, you may revoke that authorization at any time by submitting a written revocation to the address listed in the Contact Section of this Notice. Please keep in mind we will be unable to take back any disclosures we have already made with your authorization.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Minnesota law:** We need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency.

#### Treat you

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Minnesota Law:** We can only release your health records to health care facilities and providers outside our network without your consent if it is an emergency and you are unable to provide

consent due to the nature of the emergency. We may also share your health information with a provider in our network.

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Minnesota Law:** We are required to obtain your consent before we release your health records to other providers for their own health care operations.

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities. **Minnesota Law:** Only if we obtain your consent.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations for public health oversight activities required or permitted by law to the appropriate government authorities that are authorized to receive such information; including a social services or protective service agency, public health authorities, correctional institutions and national security agencies and intelligence agencies :

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to supplements
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety
- Correctional institution if you are in custody of a correctional institution or a law enforcement officer.
- Reporting any threats to national security or intelligence.

## Research

We can use or share your information for health research such as research related to the evaluation of certain treatments or to learn new or better ways to diagnose or treat conditions. Any research must meet all privacy law requirements applicable to research.

**Minnesota Law:** We can use or share your information for health research if you do not object.

## Appointments and other Health Information

Unless you have instructed us not to, we may contact you about appointments or medical care or send you reminders for appointments or medical care. We may send you information about health services that may be of interest to you. This may include email or telephoning your home, work, or cell and leaving a voice message on your voice mail or the individual answering the phone.

## Comply with the law

We will share information about you if state, federal, or local laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Reports to Coroners, medical examiners, and funeral directors

We can share health information with a coroner, medical examiner, or funeral director when an individual dies as authorized by law; for example, to identify a person or determine a cause of death.

**Minnesota Law:** We need consent to share information with a funeral director.

## Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official with your consent, unless required by law.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services with consent, unless required by law.

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order or in response to a subpoena or otherwise authorized by law.

## Law Enforcement

We may disclose health information about you as permitted or required by law to law enforcement in response to legal proceedings, in medical emergencies, responding to requests to locate missing

persons, reporting criminal activity, providing information about victims of crime or to identify or apprehend someone.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## **Other Instructions for Notice**

- Effective Date of this Notice 11/07/2017
- **Privacy Official:** Dr. Matthew Suntken. 3249 19<sup>th</sup> St NW Ste 2, Rochester, MN 55901. Phone Number: 507-206-6334. Fax Number: 507-206-6339. Email: [drsuntken@qualitylifemn.com](mailto:drsuntken@qualitylifemn.com).

## **Entities covered by this notice**

- Quality Life Chiropractic & Massage.

## **Contact Information**

### **Quality Life Chiropractic & Massage**

Dr. Matthew Suntken

3249 19<sup>th</sup> St NW Ste 2

Rochester, MN 55901

P: 507-206-6334

F: 507-206-6339

Website: [www.qualitylifemn.com](http://www.qualitylifemn.com)

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