



## Notice of Privacy Practices

### HIPAA STATEMENT

Life University is committed to identifying and evaluating the likelihood and consequences of threats to the security of Protected Health Information (PHI) and implementing reasonable and appropriate measures to safeguard the confidentiality, availability, and integrity of that information. The University will safeguard information in a manner consistent with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA). As such, Life University will adopt and implement HIPAA security procedures. Life University will safeguard information in a manner consistent with applicable requirements of federal, state, and local law and regulations, including the final rule governing the security of health information systems enacted by the Department of Health and Human Services as required by HIPAA. This policy applies to all members of the Life University workforce, along with all independent contractors who provide services that require access to clinic buildings or the Life University computer network. They will be required to adhere to the policies and procedures in the HIPAA Security Procedures, as well as any procedures established to support this policy.

### Life University Privacy Office

Dr. Tim Gooding  
1415 Barclay Circle  
Marietta, Georgia 30060  
[tgooding@life.edu](mailto:tgooding@life.edu)  
(678) 331-4356



## Notice of Privacy Practices

### USES AND DISCLOSURES OF YOUR PHI

**EFFECTIVE DATE: 10/1/2020**

Life University is dedicated to ensuring the privacy of your protected health information (PHI). The University is required by law to provide you with this Notice of privacy practices, and to inform you of your rights, and our obligations, concerning your PHI. We are required to follow the privacy practices described below while this Notice is in effect. The terms of this Notice apply to the following entities owned and operated by Life University: Life University Chiropractic Clinics and Centers and the Dr. Sid. E. Williams Research Center which will be referred to in this Notice as the University's healthcare facilities.

The following sections describe different ways that we may use and disclose your PHI. For each section of uses or disclosures, there will be a description given. Some information, such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. Not every use or disclosure will be listed. All the ways the University is permitted to use and disclose information, however, will fall within one of the following categories.

#### **Treatment**

We may disclose your PHI to another university affiliated healthcare facility and/or healthcare provider, transport company, community agency, family member or other third party to provide and/or coordinate health care services and treatments.

#### **Payment**

We may use and/or disclose your PHI to bill and obtain payment for treatment and/or services you receive at the University's healthcare facilities.

#### **Health Care Operations**

We may use and disclose your PHI in connection with our healthcare operations. Healthcare operations include, but are not limited to; clinical education, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance.

#### **Business Associates**

We may disclose your PHI to businesses performing services for the University such as processing claims, data analysis, billing, benefit management, practice management, re-pricing, and legal assistance. We

will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

### **Appointment Reminders**

We may contact you to remind you that you have an appointment at one of the University's healthcare facilities.

### **Individuals Involved in Your Care or Payment**

Unless there is a specific request made to and agreed to by the Privacy Officer at your location/facility, we may disclose PHI to a person who is involved in your health care or helps pay for your care, such as a family member or friend to facilitate that person's involvement in caring for you or in payment for your care.

### **Disaster Relief Efforts**

We may disclose your PHI to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

### **Research**

The University is committed to researching and advancing knowledge in the field of chiropractic. Research studies involving PHI and conducted at or by the University must be approved through a special review process to protect patient safety, welfare, and confidentiality. Disclosure of your PHI for research purposes will not occur without your consent.

### **As required by law**

We will disclose health information about you when required to do so by federal or state law.

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose your PHI when necessary to prevent or lessen serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

### **Public Health Purposes**

We may use or disclose your PHI when we are required to do so by law, for public health reasons, including, but not limited to:

- Reporting certain communicable diseases to health officials;
- Reporting child abuse or neglect;
- Reporting elder abuse, neglect, or exploitation.

### **Lawsuits and Other Legal actions**

We may disclose PHI in response to judicial proceedings and law enforcement inquiries as permitted by law. We may also disclose PHI in response to a subpoena, discovery request, warrant, summons or other lawful process.

### **Worker's Compensation**

We may disclose PHI as necessary for workers' compensation or similar programs that provide benefits for work-related injuries or illness, as authorized or required by law.

### **Health-oversight activities**

We may disclose PHI to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

### **Organ Donation**

If you are an organ donor, we may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

### **Military and Veterans**

If you are or were a member of the armed forces, we may release PHI about you to military command authorities as authorized or required by law.

### **National Security, Intelligence Activities and Protected Services**

Under certain circumstances we may disclose PHI to military authorities and to authorized federal official's PHI required for lawful intelligence, counterintelligence, and other national security activities.

### **Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information**

Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental PHI, and genetic information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. If your treatment involves this information, you may contact the Privacy Officer at your location/ facility to ask about special protections.

### **Inmates**

Under certain circumstances we may disclose PHI relating to inmates or patients to correctional institutions or law enforcement personnel having lawful custody of those individuals.

### **Other Uses of PHI**

Other uses and disclosures of PHI not covered by this Notice or that laws what apply to us will be made only with your written authorization.

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### YOUR RIGHTS

#### Access to your PHI

You have the right to access, inspect, and/or receive paper and/or electronic copies of the PHI that we maintain about you, with limited exceptions. The University provides to an individual, upon written request, access within 30 calendar days of the day the University receives a request, to inspect and/or copy their PHI.

If you request paper copies, we will charge you our standard copying fee for each page, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a reasonable cost-based fee for providing your PHI in that format. If you prefer, we will prepare a summary or an explanation of your PHI for a fee.

Contact us using the information listed at the end of this Notice if you are interested in receiving a summary of your information instead of copies.

#### Restrictions on Use and Disclosure of Your PHI

You have the right to request that we place additional restrictions on our use or disclosure of your PHI for treatment, payment, and healthcare operations purposes. Depending on the circumstances of your request we may or may not agree to those restrictions. If we do agree to your requested restrictions we must abide by those restrictions, except in emergency treatment scenarios.

#### Amendments to your Records

You have the right to request that we amend your PHI. Such requests must be made in writing and must explain why the information should be amended. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, to be considered by us, must be in writing and signed by you or your representative, and must state the reasons for the amendment' correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. Please note that even if we accept your request, we may not delete any information already documented in your health records.

Contact us using the information listed at the end of this Notice if you are interested in receiving a summary of your information instead of copies.

## **Accounting of Disclosures**

Upon written request, you have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, healthcare operations and other activities authorized by you, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

## **Confidential Communications**

You have the right to request that we communicate with you about your PHI by alternative means or to made in writing, must specify the alternative means or location, and must provide a satisfactory explanation how communication should be handled under the alternative means or location you request.

## **Changes to this Notice**

We reserve the right to change this Notice and the privacy practices described below at any time in accordance with applicable law. Prior to making significant changes to our privacy practices, we will alter this Notice to reflect the changes, and make the revised Notice available to you on request. Any changes we make to our privacy practices and/or this Notice may be applicable to PHI created or received by us prior to the date of the changes.

## **ADDITIONAL INFORMATION**

### **Complaints**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made or any decisions we may make regarding the use, disclosure, or access to your health information you may make a formal complaint in writing to the Privacy Officer at your location/facility listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services in Washington D.C. All complaints must be made in writing and in no way will affect the quality of care you receive at the University's healthcare facilities.

### **Breach Notification**

We are required to notify you in writing of any breach of your secured PHI as soon as possible, but in any event, no later than 60 days after we discover it.

### **Paper Copy of this Notice**

You have the right to a paper copy of this Notice. You may ask use to give you a copy of this Notice at any time. Even if you receive this Notice electronically, you are still entitled to a paper copy.

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### SUMMARY OF RIGHTS AND RESPONSIBILITIES AS A PATIENT

#### Your rights as a patient:

- To be treated with respect and consideration without regard to race, creed, national origin, disability, gender, or age.
- To obtain complete and current information concerning all aspects of your care.
- To be seen by the doctor of choice.
- To know the name and professional status of all people who provide your care.
- To refuse care and to be informed of the clinical consequences of this action.
- To expect that communications and records are treated confidentially according to current regulations and/or as required by law.
- To understand why tests and procedures are required.
- To understand and receive an explanation of your bill, regardless of source of payment, and options for available payment plans.
- To be advised of any potential involvement in research projects. The patient has the right to refuse to participate in such projects.
- To expect reasonable continuity of care.
- To receive information to make informed consent prior to the start of any procedure and/or provision of patient care.
- To review your personal healthcare record and to receive an explanation of information contained therein within a reasonable timeframe, in accordance with clinic policy.
- To request an amendment of your personal healthcare record.
- To be free from all forms of abuse or harassment.
- To receive care in a safe and smoke-free environment.
- To receive information about how to submit a complaint or concern, upon request, from Life University Chiropractic Clinics/Centers.

- To submit a complaint or concern, verbally or in writing, without compromise to your care or access to care.

**Your responsibilities as a patient:**

- To arrive on time for appointments and follow-up visits and to phone Life University Chiropractic Clinics and Centers if you must cancel or arrive late.
- To provide Life University Chiropractic Clinics/Centers with a complete and accurate clinical history.
- To ask questions if any aspect of your care is not clear.
- To follow directions concerning clinical management and to express any concerns about your ability to follow such directions throughout the course of care.
- To treat all those involved in the Life University Chiropractic Clinics/Centers community with respect and consideration.
- To take financial responsibility for services provided by Life University Chiropractic Clinics/Centers.
- To report changes in health status/condition to the clinician providing care.
- To recognize the effect of lifestyle on personal health.
- To be respectful of the property of Life University Chiropractic Clinics.

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