

**Weber Family Chiropractic PC**  
**Notice of Health Information Practices**

Policy No.: 4

Issue Date: 04/14/03

Revision Date: 10/01/2013

Approvals: Dr. Scott Weber  
Title: Office Manager

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**I. POLICY**

It is the policy of Weber Family Chiropractic PC to provide patients with adequate notice of the ways in which Weber Family Chiropractic PC uses and discloses patient protected health information (“PHI”) in the course of its business or otherwise and to provide notice of the patients’ rights with respect to their protected health information. Weber Family Chiropractic PC will furnish to each patient a Notice of Health Information Practices (the “Notice”) that meet the goals of this Policy. This Policy supersedes any previous policy on this subject.

**II. PURPOSE**

The purpose of this Policy is to outline the required elements of a Notice, the obligations of Weber Family Chiropractic PC for distributing and posting the Notice, and the requirements for revising the Notice.

**III. SCOPE**

This Policy applies to all patients, both new and existing. This Policy also applies any time Weber Family Chiropractic PC changes the Notice, the patient’s privacy rights, Weber Family Chiropractic PC’s legal duties with respect to protecting the privacy of PHI, or any other privacy practices described in the Notice.

**IV. PROCEDURES**

**A. Preparation of the Notice and Acknowledgement Form**

1. Dr. Scott Weber will prepare a Notice of Health Information Practices that contains, at a minimum, the following elements and is written in language that patients can understand:

a. a header that reads: “This Notice describes how health information about you may be

used and disclosed and how you can get access to the information. Please read it carefully.”

- b. a description of how Weber Family Chiropractic PC uses and discloses PHI (including names and addresses of patients) with the consent of the patient for treatment, payment and health care operations, with at least one example of each.
- c. a statement that Weber Family Chiropractic PC may use or disclose PHI only with the authorization of the patient (for other purposes including certain marketing uses) and how any authorization may be revoked by the patient.
- d. a description of the uses and disclosures that Weber Family Chiropractic PC can make of PHI without any consent or authorization from the patient, and any Colorado law that limits any such uses or disclosures.
- e. if applicable, a separate statement regarding Weber Family Chiropractic PC’s use of appointment reminders or targeted mailings to certain patients regarding treatment alternatives or other services of possible interest to the patients.
- f. a description of each of the patient rights, including the right to request restrictions on Weber Family Chiropractic PC’s use or disclosure of the patient’s PHI, the right to receive communications about PHI by alternative means or at alternative locations, the right to inspect and copy PHI, the right to amend or correct PHI and the right to receive an accounting of disclosures made of PHI by Weber Family Chiropractic PC. See Policy ## 6, 5, 8, 7 and 9 for more detail regarding these rights.
- g. a general statement regarding Weber Family Chiropractic PC’s duty to maintain the privacy of PHI and to abide by the Notice, as well as a description of Weber Family Chiropractic PC’s right to change the Notice, the fact that the new Notice will apply to existing PHI in the possession of Weber Family Chiropractic PC and how patients will be informed of the change.
- h. a description of how to file a complaint.

- i. the name and telephone number of a contact person.
  - j. the effective date of the Notice.
2. Dr. Scott Weber will use best efforts to ensure that the Notice includes a description of all of the ways that PHI is typically used by Weber Family Chiropractic PC, not just a generic listing of uses and potential disclosures.
3. Dr. Scott Weber will prepare an acknowledgement form to be signed and dated by the patient to acknowledge receipt of the Notice.

**B. Provision of the Notice to Patients**

1. The receptionist will provide the Notice and the Acknowledgement Form, along with any consent and other intake forms:
- a. to all new patients at the time of check-in;
  - b. to all existing patients on their first visit to the office that occurs on or after April 14, 2003; and
  - c. to any individuals who requests a copy of the Notice.
2. The receptionist will request that the patient sign and date the Acknowledgement Form to indicate that the patient has received the Notice.
3. If a patient has a question regarding any part of the Notice, the receptionist should be prepared to answer basic questions. If the patient requests further information regarding any of the patient rights listed in the Notice, the receptionist will give the patient a copy of the one-page

summary of that right. If the question involves an area with which the Receptionist is not familiar, the receptionist will obtain the assistance of Dr. Scott Weber. All questions will be answered before the patient is seen by clinical personnel.

4. If a patient cannot read, the receptionist will make arrangements for a member of the staff to read the Notice to the patient, unless the patient is accompanied by a family member or friend who can read the Notice to the patient.

5. If the patient is a minor or incompetent, the receptionist will give the Notice to the authorized representative of the patient.

6. The receptionist will sign and date the medical record to document that the Notice has been furnished to the patient or to the authorized representative.

### **C. Posting the Notice**

Dr. Scott Weber will post the Notice near the front desk or in the reception room in an area that can be clearly viewed by patients. As the Notice is changed over time, the latest version of the Notice will be posted. Dr. Scott Weber will also post the Notice on the website of Weber Family Chiropractic PC.

### **D. Revision of the Notice**

1. Dr. Scott Weber will revise the Notice:

- a. Any time Weber Family Chiropractic PC makes a material, or significant, change in any of the practices or procedures that are described in the Notice;
- b. Any time Weber Family Chiropractic PC implements new activities that will use or disclose PHI (including new marketing uses); and

c. Any time state or federal law (including HIPAA) changes, thereby changing Weber Family Chiropractic PC's legal duties with respect to protecting the privacy of PHI.

2. Dr. Scott Weber will ensure that the revised Notice contains a new effective date. The revised Notice may not be implemented by Weber Family Chiropractic PC before the new effective date. However, it will apply, on and after its effective date, to all PHI in the possession of Weber Family Chiropractic PC, i.e., both to PHI generated, received or maintained before the effective date of the revised Notice, as well as to PHI generated, received or maintained after the effective date of the revised Notice.

3. The receptionist will provide the revised Notice to all new and existing patients at the time of check-in on their first visit to the office after the effective date of the revised Notice.

**E. Retention of All Notices**

Dr. Scott Weber will maintain a file that contains a copy of each version of the Notice provided to patients for a period of six (6) years after the date the Notice is last given to a patient. For more detail, see Policy # 13 (Record Retention Policy).