



**Dr. Ryan M. Behrend, D.C.**  
**Dr. Steve C. Boyer, M.D.**  
**Jonna Beyer, PA-C**

**PRIVACY NOTICE VERSION 1.3**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

This Practice is committed to maintaining the privacy of your protected health information (“PHI”), which includes information about your health condition and the care and treatment you receive from the Practice. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

**USE AND DISCLOSURE OF INFORMATION**

1. The Practice may use and/or disclose your PHI for the purposes of:

- A. Treatment- In order to provide you with the health care you require, the Practice will provide your PHI to those health care professionals, whether on the Practice’s staff or not, directly involved in your care so that they may understand your health conditions and needs. For example, a physician treating you for lower back pain may need to know the results of your latest physician examination in this office.
- B. Payment- In order to get paid for services provided to you, the Practice will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Practice may need to provide the Medicare program with information about health care services that you received from the Practice so that the Practice can be properly reimbursed. The Practice may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.
- C. Health Care Operations- In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to continue to provide quality and efficient care, it may be necessary for the Practice to compile, use and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice’s personnel in providing care to you.

2. The Practice may also use and/or disclose your PHI in the following instances:

- A. De-identified Information- Information that does not identify you and, even without your name, cannot be used to identify you.
- B. Business Associate- To a business associate if the Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists the Practice in undertaking some essential function, such as billing company that assists the office in submitting claims for payment to insurance companies or other payors.
- C. Personal Representative- To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- D. Emergency Situations-
  - I. for the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your acknowledgement of our Privacy Notice as soon as possible; or
  - II. to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.

- E. Communication Barriers- If, due to substantial communication barriers or inability to communicate, the Practice has been unable to obtain your acknowledgement of your Privacy Notice and the Practice determines, in the exercise of its professional judgment, that your consent to receive treatment is clearly inferred from the circumstances.
- F. Public Health Activities- Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease.
- G. Abuse, Neglect or Domestic Violence- To a government authority if the Practice is required by law to make such disclosure. If the Practice is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.
- H. Health Oversight Activities- Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.
- I. Judicial and Administrative Proceeding- For example, the Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
- J. Law Enforcement Purposes- In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, the Practice may disclose your PHI if the practice believes that your death was the result of criminal conduct.
- K. Coroner or Medical Examiner- The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.
- L. Organ, Eye or Tissue Donation- If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs
- M. Research- If the Practice is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI.
- N. Avert a Threat to Health or Safety- The Practice may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosures to an individual who is reasonably able to prevent or lessen the threat.
- O. Specialized Government Functions- This refers to disclosures of PHI that relate primarily to military and veteran activity.
- P. Workers' Compensations-If you are involved in a Workers' Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
- Q. National Security and Intelligence Activities- The Practice may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.
- R. Military and Veterans- If you are a member of the armed forces, the Practice may disclose your PHI as required by the military command authorities.
- S. Marketing Purposes- Uses and disclosures of your PHI by the Practice for marketing purposes, as prescribed by federal law, will be allowed only with your written authorization.
- T. Sale of your PHI- Uses or disclosure by the Practice that constitute sale of your PHI can be completed only after written authorization of the patient is obtained.
- U. Fundraising Uses- Your PHI may be utilized by the Practice for fund raising opportunities conducted by this office. If such use occurs the patient must be given the option to opt out of receiving such fund raising communications in the future as well as the manner in which they must opt out. If the patient opts out in writing, delivered to our Privacy Officer, there may be no further such communications between the office and the patient for fundraising purposes.
- V. Disclosure Following Death- The Practice may make relevant disclosure of your PHI after your death to family and friends, but only such disclosure as is consistent with what disclosure which was allowed prior to your death, that is

when these individuals were involved in providing care or payment for care and the Practice is unaware of any expressed preferences to the contrary. HIPPA protections of your PHI ends 50 years after your death.

### **APPOINTMENT REMINDER**

The Practice may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The following appointment reminders are used by the practice: a) a postcard mailed to you at the address provided by you: b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone: c) sending a text message to the cell phone number provided by you: and d) sending an email to the email address provided by you.

### **OTHER COMMUNICATIONS**

The Practice may, from time to time, send out letter or newsletter for the purpose of providing health related information, information on office activities, changes in office procedure, or such information as they may find necessary to convey to patients of the Practice. This will be done in a newsletter form or a letter enclosed within an envelope and mailed directly to the patient or done by email.

### **FASIMILE TRANSMISSIONS**

The Practice may, from time to time, transmit information about you to insurers, other health care professionals and providers, and appropriate government agencies utilizing facsimile transmissions.

### **DIRECTORY/ SIGN-IN LOG**

The Practice may in the future maintain a directory or sign-in log for individuals seeking care and treatment in the office. Directory and sign-in log are located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within the Practice's office. This information may be seen by, and is accessible to, others who are seeking care or services in the Practice's offices.

### **FAMILY/FRIENDS**

The Practice may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Practice may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) condition or death. However, in both cases, the following conditions will apply:

- 1) If you are present at or prior to the use or disclosure of your PHI, the Practice may use or disclose your PHI if you agree or if the Practice can reasonably infer from the circumstance, based on the exercise of its professional judgment, that you do not object to the use or disclosure.
- 2) If you are not present, the Practice will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

### **AUTHORIZATION**

Uses and/or disclosures, other than those described above, will be made only with your written Authorization.

### **YOUR RIGHTS**

1. You have the right to:

A) Revoke any Authorization, in writing, at any time. To request a revocation, you must

submit a written request to the Practice's Privacy Officer.

B) Request restrictions on certain use and/ or disclosure of your PHI as provided by law.

However, the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees with your request, the Practice will comply with your unless the information is needed in order to provide you with emergency treatment.

C) Receive confidential communications or PHI by alternative means or at alternative locations.

You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.

D) The patient has the right to restrict disclosure of PHI by the Practice to insurance and health plans if the individual has paid for services completely out of pocket. Such request should be made by the patient, in writing, to the Privacy Officer.

E) Inspect and copy your PHI as provided by law. To inspect and copy your PHI, or transmit a copy to another person, you must submit a written request to the Practice's Privacy Officer. You may request a digital or written copy of your information. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request but such cost shall not exceed the cost of the office to produce the material including the cost of copies, employee time involved etc. The Practice has 30 days following the written request to produce the requested information in the format requested or negotiate an alternative format. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.

F) Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is inaccurate and complete. If you disagree with the Practice's denial, you will have the right to submit a written statement of disagreement.

G) Receive an accounting of disclosures of your PHI as provided by Law. To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time periods which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as paper or electronic copy). The first list you request within a twelve (12) month period will be free, but the Practice may charge you for the cost of providing additional lists. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

H) Receive a paper copy of the Privacy Notice from the Practice upon request to the Practice's Privacy Officer.

I) Complain to the Practice or to the Secretary of HHS if you believe your privacy rights have been violated. To file a complaint with the Practice, you must contact the Practice's Privacy Officer. All complaints must be in writing.

J) To obtain more information on, or have our questions about your rights answered, you may contact the Practice's Privacy Officer, Ryan M. Behrend, D.C. at 111 E 2<sup>nd</sup> St Kimball, NE 69145 or by phone at (308)235-3601 or (30)254-2225 or by email at [theclinic@highpointspineandjoint.com](mailto:theclinic@highpointspineandjoint.com) listing Privacy Policy in the title of your email so it can be identified as a Privacy Policy related question.

### **PRACTICE'S REQUIREMENTS**

#### 1. The Practice

A) Is required by federal law to maintain of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.

B) Under the Privacy rule may be required by state law to grant greater access or maintain greater restrictions on the use or release of your PHI than that which is provided for under federal law.

C) Is required to abide by the terms of this Privacy Notice.

D) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire protected health information that it maintains.

E) Will distribute any revised Privacy Notice to you prior to implementation.

F) Will not retaliate against you for filing a complaint.

G) The Practice is required to notify you, in writing or by email, of a breach or incidence of unsecured PHI if such breach has led to, or may lead to, your PHI being compromised.

**EFFECTIVE DATE:** This Notice is in effect as of January 1, 2009.



## PATIENT BILL OF RIGHTS

**As a patient at Highpoint Health, LLC you have the right to:**

- **Nondiscriminatory access to care in a safe and secure environment within the clinic's capability, mission, and applicable laws and regulations. This environment supports the positive self-image of patients and preserves your human dignity.**
- **Storage space that will be provided for your personal clothing and other items for displaying cards, flowers, etc., unless this infringes on other's rights or they are not allowed for medical or therapeutics reasons. You are responsible for any valuables you elect to have with you, so we encourage you to leave valuable items at home.**
- **Be an active, informed decision-maker regarding all aspects of your plan of care, and with your permission, have your family or someone who represents you participate in care decisions when appropriate. Decisions are based on your care, service and treatment needs in accordance with hospital policy and scope of services and not on your source of payment for this treatment.**
- **Consent to or refuse any care, treatment or service (unless mandated by state law) and to be informed of the medical consequences of your decisions. You should be informed of the risks, benefits, side effects, alternatives, and likelihood of achieving your care and treatment goals. You should also be informed about the outcomes goals. You should also be informed about the outcomes of care and treatments that have been provided, including unanticipated outcomes, so you can participate in current and future decisions about your care. If you are unable to make decisions about consenting to or refusing any care, treatment, or service a surrogate decision-maker will be identified according to applicable laws, clinic policy and existing Advance Directive (Living Will, Durable Power of Attorney for Health Care, or other document).**
- **Have access to visitors, mail, and telephone services appropriate to your care needs. Any communication restrictions will be fully explained to you and your family and these restrictions will be determined with your participation. The Clinic may restrict your visitors, mail, telephone calls or other forms of communication for therapeutic effectiveness or safety. Requests for access and space for private telephone conversations that are not immediately available to you in your care setting will be accommodated according to your care needs.**
- **Participate in decisions regarding transfer to another unit or facility. Your right to treatment or service is respected and supported.**
- **Be free from all forms of abuse and harassment.**
- **Have your own doctor and family member/representative notified promptly of your admission to the hospital as requested.**
- **Considerate and respectful care that recognizes your personal values, beliefs and preferences.**
- **Know the professional status of the individuals prescribing and providing your care, including the name of the physician or other practitioner primarily responsible for your care and all other physicians/practitioners who will provide the care, treatment, or service. Request a consultation with a specialist or a second medical opinion at your expense.**
- **Formulate an Advance Directive to facilitate health care decisions and to have it honored within the limits of the law and this clinic's mission and philosophy. You also have the right to modify or revoke your Advance Directive at any time. The existence or lack of an Advance Directive does not determine your access to care, treatment, or services. At your request, you can receive assistance from the clinic to formulate an Advance Directive at your request.**
- **Be involved in ethical considerations or dilemmas that may arise during your care including conflict resolution, withholding resuscitative services, or foregoing or withdrawal of life-sustaining treatment. You or someone who represents you and your wishes may personally access the clinic's Guest Relations Department for consultation and support when appropriate.**
- **Expect and receive consideration for privacy and confidentiality concerning medical care, communication, and information related to your health care. You have the right to know any limitations on the confidentiality of information learned from or about you. You have the right to access, request amendment to, and receive an accounting of disclosures of your health information as permitted under applicable laws.**
- **Be informed of the clinic policies, rules, and regulations that apply to your conduct as a patient.**
- **Agree or refuse to participate in clinical training programs, investigational programs, or research treatments, and to periodically review that decision. Refusal to participate or discontinuing participate will not compromise your access to care, treatment or services.**
- **Present a recommendation, change, or complaint to the clinic or state authorities and receive a timely response without being subjected to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment or service.**
- **Receive information that you understand. You will be given the opportunity to preview written information, ask questions to your satisfaction, and indicate your understanding of the information. You may request audio, visual, and translation services or other aids to enhance communication.**