

HIPPA COMPLIANCE

Policy and Legal Guidelines

The **Health Insurance Portability and Accountability Act** (HIPPA) was first introduced in 1996 and became effective April 23, 2003. The purpose of **HIPPA** is to protect your **Private Health Information** (PHI). Advancements in technology have made **PHI** more accessible than ever before. It is our goal at WellCare Chiropractic to protect your **PHI** while providing you with the best health care possible. We will use internet, fax, phone, copiers to supply and retrieve information regarding insurance and health related issues. Communication between other facilities and health care providers may be necessary in order to care for our patients. All outside facilities which we communicate with are also required to be **HIPPA** compliant. **PHI** may be used without patient authorization in order to provided treatment and collect reimbursement.

When is PHI used?

Education: We pride ourselves on delivering the highest standards of care and will continue to pursue educational opportunities for both Doctors and the staff. **PHI** will be used to train staff, interns, associates using the minimal amount of information necessary. Identifying information will not be used or taken outside the office unless prior written authorization is received from the patient.

Phone Communications: Basic messages will be left using as minimal amount of information as possible with other household members, office staff and on answering machines in accordance with the phone numbers we have on file. We will not leave messages regarding medical tests results. WellCare Chiropractic calls include but are not limited to:

- Confirm, schedule or reschedule appointments.
- Discuss further details related to home exercise programs or restrictions associated with care
- Verify and request additional information necessary to provide treatment and/or collect reimbursement.

Postal Procedures: We will use the minimal amount of **PHI** necessary to send recall cards, invoices, monthly statements, and private mailings to assist in the provision of quality care.

Communication with Family/Caregivers: At our own discretion, decisions are made to give information about patient to family members and caregivers when deemed necessary for proper treatment.

Government Responsibilities and Legal Obligations

PHI may be used for licensing, certifications, audits, and credentialing. A certain amount of information must be used to qualify participation in insurance programs and maintain valid contracts with legal entities. Agencies reviewing this information must also be HIPAA compliant. Governmental requirements to report abuse, neglect, violence, crime, public health issues and needs involving national security will be honored. WellCare Chiropractic will use ethical judgement in reports given to legal authorities using the minimum amount of **PHI** required by law.

Patient's Rights

Requests to restrict guidelines for an individual must be made in writing. Reasonable restriction of **PHI** will be honored as long as information is not essential for patient treatment or financial reimbursement. We will amend incorrect **PHI** if deemed accurate and complete on records created within our office only. Patients have the right to review records, attain completed test results, access billing history and validated insurance information. A fee may be assessed for copies and transfer fees of records. Patients may deny communication between WellCare Chiropractic and family members or request confidential information be sent through sealed communication only.

Grievance Policy

Written disputes concerning **HIPPA** guidelines will be handed by the Office Manager. Following a written dispute regarding **HIPPA**, we have 30 days to address the situation. After 30 days you may contact the Secretary of Health and Human Services for further assistance.

Commitment to our Patients

We reserve the right to change our office policies without notice. The Doctors and staff and WellCare Chiropractic are happy to help with any questions or concerns you may regarding our office policies.

I have read and agree with the HIPPA Policy and Guidelines.

PATIENT SIGNATURE

DATE