



30400 Detroit Rd., Suite 307
Westlake, OH 44145

Dr. Thomas F. Zak D.C., A.R.T

Phone: (440) 892-2226
Fax: (440) 892-2228

HIPAA NOTICE OF PRIVACY PRACTICES

Please review this notice carefully. It describes how your medical information may be used and disclosed and how many gain access to that information.

Policy Statement

Zak Performance Health is committed to maintaining the privacy of your protected health information, which includes information about your medical condition and the care and treatment you receive from our Practice and other healthcare providers. This notice details how your protected health information may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of Zak Performance Health, and for other purposes permitted or required by law. This notice also details your rights regarding your protected health information.

Your Rights

You have the right to:

- Revoke any authorization, in writing, at any time. To request a revocation, you must submit a written request to Zak Performance Health. Marketing revocations may be submitted to Zak Performance Health via telephone or email.
- Request restrictions on certain use and/or disclosure of your protected health information as provided by law. However, Zak Performance Health is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to Zak Performance Health. In your written request, you must inform Zak Performance Health of what information you want to limit, whether you want to limit Zak Performance Health's use or discloser, or both, and to whom you want the limits to apply. If Zak Performance Health agrees to your request, we will comply with your request unless information is needed in order to provide you with emergency treatment.
- Restrict disclosures to your health plan when you have paid out-of-pocket in full for health care items or services provided by Zak Performance Health unless a law requires us to share that information.
- Receive confidential communications of protected health information by alternative means or at alternative locations. You must make your request in writing to Zak Performance Health. We will accommodate all reasonable requests.
- Inspect and copy your PHI (private health information) as provided by law. To inspect and copy your PHI, you must submit a written request to Zak Performance Health. In certain situations that are defined by law, our practice may deny your request, but you will have the right to have that denial reviewed. Zak Performance Health may charge you a fee (to cover the costs incurred by our practice to reproduce records) for the cost of copying, mailing, or other supplies associated with your request.
- Amend your PHI as provided by law. To request an amendment, you must submit a written request to Zak Performance Health. You must provide a reason that supports your request. Zak Performance Health 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 Zak Performance Health (unless the originating individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by Zak Performance Health, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with Zak Performance Health's denial, you have the right to submit a written statement of disagreement.

- Receive an accounting of non-routine disclosure of your PHI as provided by law. To request an accounting, you must submit a written request to Zak Performance Health. The request must state a time period which may not be longer than six years and may not include the 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 12-month period will be free, but Zak Performance Health may charge you for the cost of providing additional lists in that same 12-month period. Zak Performance Health will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- Receive a paper copy of this *Notice of Privacy Practices* from Zak Performance Health upon request.
- To file a complaint with Zak Performance Health, please contact Zak Performance Health. All complaints must be in writing. If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office of Civil Rights. Zak Performance Health will furnish you with the address upon request.
- To obtain more information, or have your questions about your rights answered, please contact Zak Performance Health's Privacy Officer.

Use of Disclosure of Private Health Information

Zak Performance Health may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of Zak Performance Health. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

- **Care-** In order to provide care to you, Zak Performance Health will provide your PHI to those health care professionals directly involved in your care so they may understand your medical condition and needs and provide advice or treatment. For example, your physician may need to know how your condition is responding to the treatment provided by Zak Performance Health.
- **Payment-** In order to get paid for some or all of the health care provided by Zak Performance Health, Zak Performance Health may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, Zak Performance Health may need to provide your health insurance carrier with information about health care services you received from our practice so that we may be properly reimbursed.
- **Health Care Operations-** In order for Zak Performance Health to operate in accordance with applicable law and insurance requirements and in order for Zak Performance Health to provide quality and efficient care, it may be necessary for our practice to compile, use and/or disclose your PHI. For example, Zak Performance Health may use your PHI in order to evaluate the performance of our practices personnel in providing care to you.

Note: Genetic information is protected by law and is not considered part of Health Care Operations.

Authorization Not Required

Zak Performance Health may use and/or disclose your PHI, without a written authorization from you, in the following instances:

- **De-identified Information-** Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
- **Business Associate-** To a business associate, who is someone Zak Performance Health contracts with to provide a service necessary for your treatment, payment for your treatment and/or health care operations (e.g., billing service or transcription service.) Zak Performance Health will obtain satisfactory written

assurances, in accordance with applicable law, that the business associate and their subcontractors will appropriately safeguard your PHI.

- **Personal Representative-** To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- **Public Health Activities-** Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.
- **Abuse, Neglect or Domestic Violence-** To government authorities, if Zak Performance Health is required by law to make such disclosures. If Zak Performance Health is authorized by law to make such a disclosure, it will do so if it believes the disclosure is necessary to prevent serious harm or if Zak Performance Health believes you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.
- **Health Oversight Activities-** Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
- **Family and Friends-** Unless expressly prohibited by you, Zak Performance Health may disclose PHI to a member of your family, a relative, a close friend or any other person you identify, as it directly relates to that person's involvement in your healthcare. If you do not express an objection or are unable to object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment.
- **Judicial and Administrative Proceeding-** For example, Zak Performance Health may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
- **Law Enforcement Purposes-** In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of Zak Performance Health; and (6) a medical emergency (not on the premises of Zak Performance Health) has occurred, and it appears that a crime has occurred.
- **Coroner or Medical Examiner-** Zak Performance Health may disclose your PHI to a coroner or medical examiner for the purpose of identifying you determine your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.
- **Research-** If Zak Performance Health is involved in research activities, your PHI may be used, but such use is subject to numerous government requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board, the de-identification of your PHI before it is used, and the requirement that protocols must be followed. Individuals have the option to 'opt out' of certain types of research activities.
- **Advert a Threat to Health or Safety-** Zak Performance Health 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 disclosure is to an individual who is reasonably able to prevent or lessen the threat.

- **Specialized Government Functions-** When the appropriate conditions apply, Zak Performance Health may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. Zak Performance Health may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective service to the President or other legally authorized.
- **Worker's Compensation-** If you are involved in a Worker's Compensation claim, Zak Performance Health may be required to disclose your PHI to an individual or entity that is part of the Worker's Compensation system.
- **Required by Law-** if otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

Appointment Reminder

If Zak Performance Health provides appointment reminders or makes contact for the purpose of providing information about treatment alternatives or other health related benefits or services, to preserve patient privacy and adhere to guideline, Zak Performance Health has implemented written policies and procedures regarding this subject which enables the patient to identify specific and approved contact information. Note that this information can be reviewed or changed at any time upon request of the patient. Zak Performance Health, if permitted by the patient, may only send text message reminders, through secure or encrypted texting services, unless the patient has signed an authorization permitting encrypted messages.

Practice Requirements

The health care office:

- Is required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices upon request.
- Is required to abide by the terms of this Notice of Privacy Practices.
- Reserves the right to change the terms of this Notice of Privacy Practices and to make the new Notice of Privacy Practices provisions effective for all of your PHI that it maintains.
- Will not retaliate against you for making a complaint
- Must make a good faith effort to obtain from you an Acknowledgement of Receipt of this Notice.
- Will post this Notice of Privacy Practices, in its lobby and on Zak Performance Health's website.
- Will inform you in a timely manner, if there is a case of a breach of unsecure health information.