

CIVIC CENTER CHIROPRACTIC

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HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

- 1. Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.
- 2. Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information as necessary to a physician or other health care provider to whom you have been referred to ensure that the physician or provider has the necessary information to diagnose or treat you.
- 3. Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include relevant protected health information be disclosed to health plans or insurance companies to whom you have authorized this practice to bill for services rendered on your behalf. It may also include releasing information to third party billing services to obtain payment for your health care services.
- 4. Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of this chiropractic practice. These activities include, but are not limited to, quality assessment activities, employee review activities, and colleague consultation activities. In addition, incidental disclosures may also occur which may be but are not limited to the following: sign-in-sheets at the registration desk where you will be asked to sign your name at the time of your appointment, telephone calls and messages to contact you regarding an appointment, referral board, referral thank you cards, and appointment reminder post cards. Other incidental disclosures which may occur but are not limited to are as follows: your name may be called out in the waiting room, names on file folders may be observed by other persons when placed in the file holders outside treatment room or other incidental locations. Similarly, names on x-rays or x-ray holders may be observed when placed in the file folders or left illuminated on x-ray view boxes for review. Although every attempt is made to privatize telephone conversations, your name and other incidentals may be overheard by person standing in or around the area when staff are on the telephone whether it be with insurance companies for verification of insurance benefits or other matters as it pertains to the normal conduct of business.
- 5. Permitted and Required Uses and Disclosures:** We may use or disclose your protected health information in the following situations without your authorization. These situations include: As required By Law, Public Health Issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Legal Proceedings: Law Enforcement: Criminal Activity: Military Activity and National Security: Worker's

Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

6. **Other Permitted and Required Uses and Disclosures:** Will be made only with your consent, authorization or opportunity to object unless required by law.

Your Rights: Following is a statement of your rights with respect to your protect health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively.

You may have the right to have your physician amend you protected health information. If we deny your request to amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain discourses we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you of any changes by having you sign a new notice should any such changes occur.

Complaints: You may complain to us or to the Secretary of Health and Human Services, if you believe we have violated your privacy rights. You may file a complaint with us by notifying our privacy compliance officer of your complaint. We will not retaliate against you for filing a complaint.

This notice becomes effective on April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our **HIPAA Compliance Officer** in person or by phone at our main number, which is (510) 236-7800.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Patient Name: _____ Date: _____

Signature: _____