



alpine *chiropractic*

NOTICE OF PRIVACY PRACTICES

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

Understanding Your Health Record/Information:

This medical practice collects health information about you and stores it in both a physical file and on a computer. This information is updated each time you are seen by one of our practitioners. Typically, this information contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third party payer can verify that services billed were actually provided;
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning and marketing;
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others.

Your Health Information Rights:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper or electronic copy of the notice of information practices upon request
- inspect and copy your health record as provided for in 45 CFR 164.524
- amend or supplement your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request confidential communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities:

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information we maintain, regardless of when it was created or received. A current copy will be available for review at each appointment.

We understand the importance of privacy and are committed by law to maintaining the confidentiality of your medical information. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you would like additional information, you may contact our office manager at (425) 888-6846. You may also contact the Director of Health Information Management at (444) 111-1111.

If you believe your privacy rights have been violated, you can file a complaint with the Director of Health Information Management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.



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Examples of Disclosures for Treatment, Payment and Health Operations

The law permits us to use or disclose your health information for the following purposes:

Treatment: We use medical information about you to provide your medical care. We disclose medical information to our employees and other professionals who are involved in providing the care you need. For example, we may share your medical information via copies of records or reports or phone calls with other physicians or health care providers who will provide subsequent services that we do not provide or who work in conjunction with our services to provide you with the most effective care and treatment.

Payment. We use and disclose medical information about you to obtain payment for the services we provide. A bill may be sent to you or a third party payer which identifies you, as well as your diagnosis, procedures and supplies used. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information as part of our effort to review and continually improve the quality and effectiveness of service we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. Your information may also be shared with other health care providers, health care clearing houses who perform administrative services for us, or health plans that have a relationship with you when they request the information to help them with their quality assessment and improvement activities, their patient-safety activities, or their population based efforts to improve health or reduce health care costs.

Other Uses or Disclosures

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include radiology or certain laboratory tests. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard the confidentiality and security of your information.

Notification and Communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may override your objection if the situation is rendered an emergency. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and friends.

Disclosures to Health Plans: At your request, we cannot disclose information about care you have paid for out-of-pocket to health plans unless for treatment purposes or in the rare event the disclosure is required by law.

Disclosures to Protective Services: If the healthcare provider has reasonable cause to believe that a child or a disabled adult is in need of protective services, or that you are a clear imminent danger to yourself or another person, appropriate authorities are contacted.

Appointment Reminders: We may use and disclose medical information to contact and remind you about your appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Sale of Health Insurance: We will not sell your health insurance information without your prior written authorization.

Marketing: Provided we receive no compensation for making these communications, we may contact you face to face to give you information about products or services related to your treatment, treatment alternatives or other health related benefits and services that may be of interest to you in the absence of your written authorization. This communication shall be restricted by law to general health promotion rather than the promotion of a specific product or service, a drug or biologic the patient is currently being prescribed, or involves government or government sponsored programs.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, reporting domestic violence, or reporting child, elder or dependent adult abuse or neglect.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.



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Breach Notification: In the case of a breach of unsecured protected health information, we will notify you unless after completing a risk analysis as dictated by law it is determined that there is a "low probability of PHI compromise". Notification will be by either email or phone.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are not potentially endangering one or more patients, workers, or the public.

Acknowledgement of Review and Receipt of Notice of Privacy Practices

- I hereby acknowledge receipt of a copy of this Notice of Privacy Practices.
- I have reviewed and been offered a copy of this Notice of Privacy Practices but do not wish to receive it at this time.
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Signed: _____ Print Name: _____

Effective Date: _____ If not signed by patient, indicate relationship: _____