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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

Use and Disclosures

Here are some examples of how we might have to use or disclose your health care information:

1. Your chiropractor or a staff member may have to disclose your health information in our records to another health care provider or a hospital if it is necessary to refer you to a provider or treatment of your health condition.
2. Our insurance and billing staff may have to disclose your examination and treatment information to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if it is necessary for the payment of your services.
3. Your chiropractor and members of the staff may need to use your health information in our records and your billing records for quality control purposes or for other administrative purposes to effectively run our practice.
4. Your chiropractor and members of the practice staff may need to use your name, address, and clinical records to contact you to provide appointment reminders, information about health related information that may be of interest to you. If you are not home to receive a message will be left on your answering machine.

You have the right to refuse to give us authorization to contact you to provide appointment reminders, treatment alternatives, or other health related information. If you do not give us authorization, we may not be able to provide you with the treatment we provide to you or the methods we use to obtain reimbursement for your care.

You may inspect or copy the information that we use to contact you to provide appointment reminders, or other health related information at any time.

Permitted Uses and Disclosures with Your Consent or Authorization

Under federal law, we are also permitted or required to use or disclose your health information in the following circumstances:

1. We are permitted to use or disclose your health information if we are providing health care to you or following the orders of another health care provider.
2. We are permitted to use or disclose your health information if we provide health care to you in an emergency.
3. We are permitted to use or disclose your health information if we are required by law to obtain your consent after attempting to do so.
4. We are permitted to use or disclose your health information if there are substantial ba

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If there are health care providers, hospitals, employers, insurers or other individuals or organizations you do not want us to disclose your health information, please let us know, in writing, what individuals or organizations you do not want us to disclose your health care information. We are not required to honor your restrictions on disclosure of your health information. However, if we agree with your restrictions, the restriction is binding on us. If we do not agree with your restrictions, we may drop your request or you are free to seek care from another health care provider.

Your Right to Receive Confidential Communication Regarding Your Health Information

We normally provide information about your health to you in person at the time you receive care from us. We may also mail you information regarding your health or about the status of your care. We will accommodate any reasonable request if you would like to receive information about your health care services at a place other than your home or, if you would like the information in a different format, please make any request in writing.

Your Right to Inspect and Copy Your Health Information

You have the right to inspect and/or copy your health information for six years from the date it was created or as long as the information remains in our files.

Your Right to Amend Your Health Information

You have the right to request that we amend your health information for six years from the date it was created or as long as the information remains in our files. We require your request to amend your health information and for you to give us a reason to support the change you are requesting us to make.

Your Right to Receive an Accounting of the Disclosures We Have Made

Law requires that we furnish you, upon your request, a copy of any information related to your health care that we have transmitted to any company, or any public or private agency, or any person. We may charge a fee for this services which are set forth in the statutes as well as a handling charge and actual cost of a record if we reasonably conclude that knowledge of the information contained in the record is necessary for the health or welfare of the patient or could reasonably be expected to endanger the life or safety of the patient.

Our Duties

We are required by law to maintain the privacy of your health information. We are also required to provide you with notice of our legal duties and our privacy practices with respect to your health information. We may change this notice while it is in effect. However, we reserve the right to change the terms of our privacy agreement. If we change the terms of our privacy agreement we will notify you in writing when you consent to the change. If we make a change in our privacy terms the change will apply for all of your health information.

Re-Disclosure

Information that we use or disclose may be subject to re-disclosure by the person to whom it is disclosed and may no longer be protected by the federal privacy rules.

