

ESPINOSA FAMILY CHIROPRACTIC

NOTICE OF PRIVACY PRACTICES

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

Espinosa Family Chiropractic is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide your patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment and healthcare operations.

(example)

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Espinosa Family Chiropractic.”

“It is our policy to provide a substitute health care provider, authorized by Espinosa Family Chiropractic to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

(example)

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier if your case is a Personal Injury for the purpose of payment to Espinosa Family Chiropractic for health care services rendered. If you have personal health insurance that you would like to bill please inform us so that at the beginning of the current month we will print off an itemized statement for the prior month’s visits that you can mail to your insurance company and they will send reimbursement checks to you if they deem necessary. The billing statement contains medical information, including diagnosis, date of injury or condition and codes which describe the health care service rendered.”

Judicial and Administrative Procedures

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Public Safety

It may be necessary to disclose your health care information to appropriate persons in order to prevent or lesson a serious and imminent threat to the health or safety of a particular person to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Patient Testimonials

Most patients agree to share their personal testimony of how chiropractic has helped them. In the event that patients wish to share their chiropractic story to help encourage other patients, we will only do so with written consent of the patient.

Sign In Sheet

Our office utilizes a sign in sheet for clerical purposes; if you choose not to sign in we can make other arrangements.

Open Door Adjusting Rooms

It is the practice of this office to provide chiropractic care in an “open door” adjusting environment. Open door adjusting involves patients being seen in the adjusting rooms by others in the office. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. These are known as “incidental disclosures” of health information. It is our view that the kinds of matters related in an “open door adjusting” environment are incidental matter.

If you choose not to be adjusted with the door open, it is your responsibility to assure the door is closed to your satisfaction. The care you receive in our office will never be affected due to this choice.

Telephone

We may contact you for purposes as described below:

(example)

“As a courtesy to our patients, sometimes we may call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.”

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“It is our policy to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such event. It is not our policy to disclose any personal health information about your condition for the purpose of Espinosa Family Chiropractic sponsored fund-raising events.”

Change of Ownership

In the event that Espinosa Family Chiropractic is sold or merged with another organization, your health information / record will become property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Espinosa Family Chiropractic is not required to agree with the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that Espinosa Family Chiropractic amend your protected health information. Please be advised, however, that Espinosa Family Chiropractic is not required to agree with the restriction that you requested. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have the right to receive an accounting of disclosures of your protected health information made by Espinosa Family Chiropractic.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Espinosa Family Chiropractic reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Espinosa Family Chiropractic is required by law to comply with this Notice.

Espinosa Family Chiropractic is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about your privacy rights, please contact Leni Lopez by calling this office at 916-457-8825. If they are not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights or how Espinosa Family Chiropractic has handled your health information should be directed to Lenicia Lopez by calling this office at 916-457-8825. If Lenicia Lopez is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of ____/____/____

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Espinosa Family Chiropractic with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operation as described in the Privacy Notice.

Patient's Name (Print)

Patient's Signature

Date

Authorized Facility Signature

Date