

created by our organization, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures: The right to request an accounting of disclosures made of your medical information to entities whom you do not have an established relationship with. In order to obtain an accounting, you must submit your request in writing to the office address. All requests may not exceed six years and may not include dates prior to October 16, 2002. This first request in a twelve-month period is free of charge. You will be charged for any additional lists requested in a twelve-month period.

Right to File a Complaint: If you believe that your protected health information has been improperly used or disclosed, or that your privacy rights have been violated, you may file a complaint with us. To file that complaint you should contact the office phone number. You also have the right to file a complaint with the secretary of the U.S. Department of Health and Human Services (DHHS). We will take no retaliatory action against you if you file a complaint with us, or the D.H.H.S.

Right to Provide an Authorization of Other Uses and Disclosures: Our organization will obtain your written authorization for uses and disclosures that are not permitted by applicable law. Any authorization you provide us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons, as described in the authorization. Of course we will not be able to take back any disclosures we have already made with your permission.

Right to a Paper Copy of This Notice: You are entitled to receive a paper copy of this notice

of privacy practices. You will be asked to sign an acknowledgement proving receipt of this Notice of Privacy Practices.

La Costa Chiropractic
6986 El Camino Real, Suite F
Carlsbad, CA 92209
(760) 438-9548

La Costa Chiropractic

HIPAA

Patient Privacy Rights
Notification

Our 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.

How We May Use And Disclose Your Medical Information

Our office uses and discloses your protected health information for different reasons. We may collect and disclose protected health information from you and your other healthcare providers for purposes of coordinating treatment, payment or operating your health care plan.

- 1. Treatment:** In order to treat you we may disclose information to others who assist with your care or treatment.
- 2. Payment:** In order to bill and collect payment (including collection agencies) for services rendered from us, we may use and disclose information to obtain payment from third parties that may be responsible for such costs such as family members. We may use your medical information to bill your insurance or you directly for services and items.

- 3. Health Care Operations:** We may use and disclose your protected health information for activities necessary to operate your health care plan including sign-in sheets or patient numbers, quality management, utilization review, anti-fraud and claims payment, provider credentialing activities, underwriting or determining premiums. We may also collect and disclose your protected health information as required by industry or other government regulators such as the state licensing boards and insurance regulatory agencies.

- 4. Appointment Reminders:** To remind you that you have an appointment or have missed an appointment at a daytime number that you provide us, or by sending a postcard to remind you of an appointment.

- 5. Required By Law:** When required by applicable law regarding crime or criminal conduct, warrant, summons, subpoena or legal process. If served with a legal subpoena for records (contains a release of records signed by you or verbal authorization obtained from you or your attorney of record of proof of service from the requesting party), we must honor the request.

- 6. Public Health Activities:** We may disclose protected health information to the public health agencies for reasons such as preventing or controlling disease, injury or disability.

- 7. Coroners, Medical Examiners, and Funeral Directors:** As needed to carry out their duties required by law.

- 8. Research:** In certain circumstances, we may disclose protected health information in order to conduct medical research. Such circumstances include taking steps to protect your privacy.

- 9. Serious Threats to Health or Safety:** We may disclose protected health information to law enforcement personnel or persons able to prevent or lessen a serious threat to the health or safety of a person or the public.

- 10. National Security and Intelligence:** We may disclose protected health information as required by military officials for national security and military intelligence purposes.

- 11. Health Oversight Activities:** We may disclose protected health information to assist government agencies when conducting an investigation or inspection of a health care organization.

- 12. Workers Compensation:** Our organization will release your medical information for

workers compensation and similar programs to all parties as required by state and federal law

- 13. Referral Board:** In order to show our appreciation to our patients, our office may list the names of patients who have referred others.

Your Rights Regarding Your Medical Information

Requesting Restrictions: The right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. You have the right to limit our disclosure to individuals involved in your care or the payment for your care such as family members and friends.

Confidential Communications: The right to request our organization to communicate with you about your health and related issues in a particular manner or certain locations without staffing a reason for your request.

Inspection and Copies: The right to inspect and obtain copies of the medical information that may be used to make decisions about you, including psychotherapy notes. In order to inspect or obtain records, you must submit the request in writing to the office address.

Amendment: The right to ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our organization. You must provide the request in writing to our office address. You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is accurate and complete, not part of the information kept by our organization, not part of the information which you are permitted to inspect and copy, not

LA COSTA CHIROPRACTIC

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Privacy Rights Notification Acknowledgment

By signing this form, you are granting consent to La Costa Chiropractic to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. Our Notice of Privacy Practices provides more detailed information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our Privacy Officer at (760) 438-9548.

I hereby acknowledge receipt of the Notice of Privacy Practices.

Signature _____

Date _____

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

_____ Individual refused to sign

_____ An emergency situation prevented us from obtaining acknowledgment

_____ Communication barriers prohibited obtaining the acknowledgment