

JOHNSRUD CHIROPRACTIC CENTER 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.

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

Disclosure of Your Health Care Information

Johnsrud Chiropractic may use and/or disclose your protected health information which includes information about your health or condition and the clinical services provided to you in order for Johnsrud Chiropractic to be part of your treatment, to obtain payment for clinical services and as necessary for Johnsrud Chiropractic to conduct its health care operations. This may include communications with and sharing of your protected health information with insurance companies, health care providers, attorneys, employers or others who may be party to information relative to your health, treatment, payment or other health care operations. Johnsrud Chiropractic may contact you or provide to you information about examinations, treatments or other health related issues. This may include mailing, telephone, electronic facsimile or direct delivery of information such as appointment reminders, postcards and information about our treatment, office or procedures. You also consent to communication by telephone and us leaving a message on an answering machine or with an individual answering the phone number provided to us by you. You further understand that your examination and treatment may be incidentally observed and that conversations may be incidentally overheard and that we have your consent to use your name in our office.

Treatment

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

"On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Johnsrud Chiropractic Center. It is our policy to provide a substitute health care provider, authorized by Johnsrud Chiropractic Center 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 for the purpose of payment to Johnsrud Chiropractic Center for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received."

Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings.

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.

Deceased Persons.

We may disclose your health information to coroners or medical examiners.

Organ Donation.

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research.

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety.

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

Specialized Government Agencies.

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

Marketing.

We may contact you for marketing purposes or fundraising purposes, as described below: (example)

“As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at 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.”

Change of Ownership.

In the event that Johnsrud Chiropractic Center is sold or merged with another organization, your health information/record will become the 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 Johnsrud Chiropractic Center is not required to agree to 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 written request. You have the right to inspect and request a copy your health information. You have a right to provide a written request that Johnsrud Chiropractic Center amend your protected health information. Please be advised, however, that Johnsrud Chiropractic Center is not required to agree to amend your protected health information. 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 a right to receive an accounting of disclosures of your protected health information made by Johnsrud Chiropractic Center. You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Complaints

Complaints about your Privacy rights, or how Johnsrud Chiropractic Center has handled your health information should be directed to Jimi Ross by calling this office at 916-723-0112 If Jimi Ross 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.

Changes to this Notice of Privacy Practices

Johnsrud Chiropractic Center 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, Johnsrud Chiropractic Center is required by law to comply with this Notice. Johnsrud Chiropractic Center 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: Jimi Ross by calling this office at 916-723-0112. If Jimi Ross is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

I have read the Privacy Notice and understand my rights contained in the notice. This notice is effective as of 04-14-2003.

By way of my signature, I provide Johnsrud Chiropractic Center with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Patient's Name (print)

Patient's Signature

Date

Authorized Facility Signature

Date