

**SPINesync Forester Dean, DC**  
**NOTICE OF PRIVACY PRACTICES**

This Notice is effective September 23, 2013

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU**

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition. We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are required by law to notify you following a breach of unsecured protected health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Notify you by email.
- Have copies of the new Notice available upon request

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can *contact Dr. Dean's main phone number 310-663-8602*.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES:**

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you.

**1. Treatment**

We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. We may also use your information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Example:** Jane is a patient at the chiropractic clinic. The receptionist may use medical information about Jane when setting up an appointment. The doctor will likely use medical information about Jane when reviewing Jane's condition and ordering an x-ray or MRI. The laboratory technician will likely use medical information about Jane when processing or reviewing her scan or test results. If, after reviewing the results of the scans/tests, the doctor concludes that Jane should be referred to a specialist, the doctor may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

## 2. Payment

We may use and disclose medical information about you to obtain payment for health care services that you received. This means that, within the chiropractic clinic, we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

**Example:** Jane is a patient at the chiropractic clinic and she has private insurance. During an appointment with a doctor, the doctor ordered an x-ray or MRI or blood test. The chiropractic clinic billing clerk will use medical information about Jane when he prepares a bill for the services provided at the appointment and the scan or blood test. Medical information about Jane will be disclosed to her insurance company when the billing clerk sends in the bill.

**Example:** The doctor referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan would pay for the test.

## 3. Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

**Example:** Jane was diagnosed with a certain condition. The chiropractic clinic used Jane's medical information – as well as medical information from all of the other clinic patients diagnosed with the same condition – to develop an educational program to help patients recognize the early symptoms of this condition. (Note: The educational program would not identify any specific patients without their permission).

**Example:** Jane complained that she did not receive appropriate health care. The chiropractic clinic reviewed Jane's record to evaluate the quality of the care provided to Jane. The chiropractic clinic also discussed Jane's care with an attorney.

#### 4. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition. You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

***Example:*** Jane's husband regularly comes to the chiropractic clinic with Jane for her appointments and he helps her with her physical therapy. When the doctor is discussing a new therapy with Jane, Jane invites her husband to come into the private room. The doctor discusses the new treatment with Jane and Jane's husband.

#### 5. Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

#### 6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.

- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

## 7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. For example, the chiropractic clinic will obtain your written consent if it wishes to use your protected health information to contact you with educational and promotional items in the future via email, U.S. Mail, telephone, fax and/or prerecorded messages.

By federal law, we must obtain authorization by you (1) to use or disclose most psychotherapy notes, (2) for most marketing and (3) for fundraising purposes, or if we seek to sell your medical information. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

## YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at this Clinic's main phone number.

### 1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at this Clinic's main phone number.

### 2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

### 3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or

incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information.

#### **4. Right to an Accounting of Disclosures We Have Made**

You have the right to receive an accounting (which means a detailed listing) of certain disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting or contact our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or health care operations. The accounting will also not include disclosures made prior to April 14, 2003. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

#### **5. Right to Request Restrictions on Uses and Disclosures**

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. We are not required to agree with your request for a restriction on the use and disclosure of your medical information. However, under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a health care item or service for which the health care provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

#### **6. Right to Request Confidential Communication or an Alternative Method of Contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for confidential communications or alternative methods of contact. We will not ask you the reason for the request. If you would like to request a confidential communication or an alternative method of contact, you must provide us with a request in writing.

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Toll-Free Phone: (800) 368-1019  
TDD Toll-Free: (800) 537-7697  
Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>  
Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)