

Notice of Privacy Practices

Chiropractic Sports Medicine
24742 Alicia Parkway Suite D
Laguna Hills CA 92653
(949) 951 - 1160

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.

Chiropractic Sports Medicine 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

Treatment: We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. "On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Chiropractic Sports Medicine." "It is our policy to provide a substitute health care provider, authorized by Chiropractic Sports Medicine to provide assessment and or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence, or by assignment. "We utilize an open filing system for patients charts located in a secure area. Only staff members are allowed in secure areas.

Payment: We may disclose your health information to your insurance provider for the purpose of payment or health care operations. "As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Chiropractic Sports Medicine for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to you upon request. This billing may contain medical information, possibly including diagnosis, date of injury or condition, and codes which describe the health care services received.

Worker's 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 prevention or control of 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 law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness, missing person or to comply with a court order/subpoena, and/or other law enforcement purposes.

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

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 scheduling purposes. We may call your home prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we may leave a reminder message on your answering machine, or with the person answering the phone. You may opt-in to be sent newsletters via mail or electronic means. We utilize a sign-in sheet which confirms a patient's appearance on a specific day/date.

Change of Ownership: In the event that Chiropractic Sports Medicine 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 Chiropractic Sports Medicine 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 request. You have the right to inspect and copy your health information. You have a right to request that Chiropractic Sports Medicine amend your protected health information. Please be advised, however, that Chiropractic Sports Medicine 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 Chiropractic Sports Medicine. 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: Chiropractic Sports Medicine 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, Chiropractic Sports Medicine is required by law to comply with this Notice. Chiropractic Sports Medicine 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: Steve Costales by calling this office at (949) 951-1160. If Steve Costales is 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 Chiropractic Sports Medicine has handled your health information should be directed to Steve Costales by calling this office at (949) 951-1160. If Steve Costales 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.

I have read and understand the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Chiropractic Sports Medicine with my authorization and consent to use and disclose my protected health information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Patients Name (print) _____ Signature _____ Date _____

Authorized Facility Signature _____ Date _____