



AS OF APRIL 14, 2003, NEW FEDERAL LAWS WERE MANDATED BY THE **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**. HIPAA DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR RECORDS. PLEASE REVIEW IT CAREFULLY AND SIGN.

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. *For example*, on occasion, it may be necessary to seek consultation from other healthcare providers associated with Hoffer Chiropractic (chiropractor, radiologist, massage therapist, etc.). This will also apply when a doctor other than your primary attending doctor administers treatment.

Due to the architecture of our office, patients in other areas of the office may hear conversations between doctors and patients during your visit. This is particularly true in our open physiotherapy and rehabilitation area. Private rooms are available at your request.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. *For example*, we agree to submit claims and billing information on your behalf and we will release information to the health care company upon their request for the purpose of claims payment per the conditions of your contract. This information will include diagnosis, date of injury or current condition and codes which describe the health care services rendered.

Worker's Compensation

If applicable, we may disclose your health information as necessary to comply with State Worker's Compensation Laws.

Emergencies

We may disclose your health care 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 infectious exposure.

Judicial and Administrative Proceedings

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

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 benefit purposes.

Change of Ownership

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

Marketing

We may contact you for purposes of reminding you of your scheduled appointment time or for other reasons associated with your care. If you are not home, we will leave a voicemail message on your answering machine or with the person answering the phone. No personal health information will be disclosed during the 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. At times it may be necessary for us to try to reach you at your business phone number for these same purposes. In the event that we must leave a message with a person, we will say that your doctor's office has called and leave a number for a return call but we will not disclose our reason for calling.

We regularly send out information regarding chiropractic care as well as information specific to our office's operations (such as changes to our office hours, etc) via email. If you do not wish to receive this information via email you may leave your email address off our entrance form and you will not be contacted in such manner.

Rights of Parents of Minor Children

As the parent or guardian of a minor child you have the same rights of access to your child's records as to your own with the following exceptions:

- Your rights have been revoked or limited by a court of law.
- Your minor child is emancipated under the law.
- Services are provided to your child under the regulations of the State of Arizona.

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 Hoffer Chiropractic, PC 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 request.
- You have the right to inspect and copy your health information.
- You have a right to request that Hoffer Chiropractic, PC amend your protected health information. Please be advised, however, that Hoffer Chiropractic, PC 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 dispute the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Hoffer Chiropractic, PC
- 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

Hoffer Chiropractic, PC 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 an amendment is made Hoffer Chiropractic, PC is required by law to comply with this Notice.

Hoffer Chiropractic, PC 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 Dr. Hoffer and/or rendering provider by calling his office at (602) 493-9800. If Dr. Hoffer and/or rendering provider is not available you may make an appointment for a personal conference or by telephone within 2 working days.

Complaints

Complaints about your Privacy Rights or how Hoffer Chiropractic, PC has handled your health information should be directed to Dr. Hoffer and/or rendering provider by calling his office at (602) 493-9800. If Dr. Hoffer and/or rendering provider 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, SW
Room 509F, HHH Building
Washington, DC 20201

This notice is effective 01/01/2006.

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

I wish to make the following note, change, restriction or exception to this Privacy Practice (see *Changes to this Notice* above):

By way of my signature, I provide Hoffer Chiropractic, PC 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 this Privacy Notice.

Patient's Name (printed)

Patient's Signature

Date