



## **NOTICE OF PRIVACY PRACTICES**

Effective April 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY HOOD CHIROPRACTIC AND PHYSICAL THERAPY. IT ALSO EXPLAINS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **WHAT IS THIS NOTICE AND WHY IS IT IMPORTANT?**

This notice is required by law to inform you of how your health information will be protected, how Hood Chiropractic and Physical Therapy may use your health information, and about your rights regarding your health information. If you have any questions about this notice, please call 415-821-2100.

### **UNDERSTANDING YOUR HEALTH INFORMATION**

Each time you visit a physician, healthcare provider, or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documents of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A data source for medical research and public health
- A source of data for planning facilities, marketing healthcare services, and fundraising
- A tool for education health professionals
- A tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

## **YOUR HEALTH INFORMATION RIGHTS**

You have the following rights related to your medical and billing records kept by Hood Chiropractic and Physical Therapy.

***To obtain a copy of this notice.*** You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions from the office itself or by calling 415-821-2100.

***Authorization to use your health information.*** Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use of disclose.

***Access to your health information.*** You may request a copy of your health information that Hood Chiropractic and Physical Therapy keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.

***Amend your health information.*** If you believe the information we have about you is incorrect or incomplete, you may request that we add or correct information. Your request must be in writing and you may pick up a form from the office directly.

***Request confidential communications.*** You may request when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

***Limit our use of disclosure of your health information.*** You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

***Accounting of disclosures.*** You may request in writing for a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.

## **OUR RESPONSIBILITIES**

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and businesses associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be posted in the office and/or treatment area and will be available from Hood Chiropractic and Physical Therapy.

Except for the purposes related to your treatment, to collect payment for our service, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to retrieve any disclosure already made with your permission.

## **EXAMPLES OF USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

***We will use your health information to facilitate your therapy treatment.*** For example: Information obtained by your treating chiropractor/therapist may be used by a substitute one. Also, this office may need to supply your treating physician, case manager, or other chiropractors/therapists with chart notes or reports to ensure the team is working together in your best interest and to assist them in treating you.

***We use your health information to collect payment for health care services we provide.*** For example: Information in your chart may be used to assess the quality and care you received and to improve the effectiveness of the care provided. Examples of these function may include: auditing our clinical procedures, analyzing our cost of care, arranging patient satisfaction surveys, and determining the need for new services.

## **EXAMPLES OF USES AND DISCLOSURES FOR OTHER PURPOSES**

**Appointment reminders.** We may contact you to provide appointment reminders.

**Alternative treatments.** We may use your health information to provide you with information about alternative treatments available.

**Fundraising.** Occasionally, Hood Chiropractic and Physical Therapy participates in fundraising for various charities. We may contact you about this from time to time.

**Worker's Compensation.** We may disclose your health information to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public Health.** We may disclose your health information as requested by law to public health, legal authorities, or other healthcare agencies/registries charged with preventing or controlling disease, injury or disability.

***To avert a serious threat to health or safety.*** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

**Law enforcement.** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

**Business associates.** There are some services provided in our organization through contracts with business associates. Examples include accountants, billing experts, and office staff who assist with copying. To protect your health information we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

## **SPECIAL SITUATIONS**

***Military and veterans.*** If you are a member of the armed forces, we disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

***National security and intelligence activities.*** We may disclose your health information to authorized officials so they may provide protection to the President and other governmental leaders, or conduct special investigations.

***Regulatory oversight.*** We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your health information may also be disclosed if a workforce member or business associate believes in good faith that Hood Chiropractic and Physical Therapy has engaged in unlawful conduct or has otherwise violated otherwise violated professional or clinical standards and is potentially endangering patients, workers, or the public.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about this, you may contact Dr. Ann Hood at Hood Chiropractic and Physical Therapy directly at 415-821-2100. You may also send a written complaint to:

United States Department of Health and Human Services  
Office of Civil Rights, Hubert H. Humphrey Building  
200 Independence Avenue S.W., Room 509  
Washington D.C. 20201

Hood Chiropractic and Physical Therapy will ensure that the care you receive will in no way be impacted if you file a complaint.