

HIPAA Notice of Privacy Practices

Balanced Chiropractic

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry our treatment, payment of health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physicians, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment

We will use and disclose your PHI to provide, coordinate, or manage your health care related services. This includes the coordination of management of your health care with third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

Payment

Your PHI will be used, as needed, to obtain payment of your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital administration.

Healthcare Operations

We may use or disclose, as needed, your PHI in order to support the business activities of your physicians practice. These activities include, but are not limited to quality assessment activities, employee review activities, training of healthcare students, licensing and conducting or arranging for other business activities. For example, we may disclose your PHI to healthcare students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the reception room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may disclose your PHI in the following situations without your authorization. These situations include; as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroner, funeral directors, organ donation research, criminal activity, military activity, national security, workers' compensation, inmates, and required uses and disclosers. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate to determine our compliance with the requirements of section 164.500

Other permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice had taken an action in reliance on the use of the disclosure indicated in the authorization.

Patient Signature _____

Date Signed _____