

# **Synergy Chiropractic & Natural Health**

## **NOTICE OF PRIVACY PRACTICES**

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.

Synergy Chiropractic & Natural Health 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. (example)

*“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Synergy Chiropractic & Natural Health.”*

*“It is our policy to provide a substitute health care provider, authorized by Synergy Chiropractic & Natural Health to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”*

#### **Payment**

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. (example)

*“Some insurances require that some or all of your information regarding your history, examination, treatment, diagnosis, and treatment plan be sent to them in order to release payment, for quality control, or for other qualification purposes.”*

#### **Workers’ 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: 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 infection exposure.

#### **Judicial and Administrative Proceedings.**

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

### **Required by Law, Law Enforcement, or Public Safety**

We may disclose your health information to a law enforcement or appropriate health official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, other law enforcement purposes, or to lessen a serious threat to health or safety.

### **Research.**

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

### **Persons Involved in Care:**

We may use or disclose health information to assist in the notification of [a family member, your personal representative, another person responsible for your care, or someone accompanying you] of your location or general condition. If you are present, we will provide you with the opportunity to object to such uses or disclosures.

We will also use our professional judgement and our experience with common practice to make reasonable judgements of your best interest in allowing a person to pick up health supplies, x-rays, or other similar forms of health information.

### **Appointment Reminders**

We may contact you to confirm your appointment, as described below: (example)

*"If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than our name, your name, the date, and the time of your scheduled appointment."*

### **Special Events/Opportunities/Services**

We may contact you for marketing purposes or fundraising purposes, as described below: (example)

*"It is our practice to occasionally participate in special events to raise awareness, food donations, gifts, money, etc or simply provide you a special service. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for these purposes."*

*"It is our practice to send newsletters to your mailing or email address on file. These may include special offers, helpful information about health and other topics, and encouraging stories about the success of other patients. It is not our policy to disclose any personal health information about your condition for these purposes unless you expressly consent(on a separate form) to having your story told for the benefit of others."*

### **Interaction/Motivation between Patients**

We may introduce you to another patient for educational or motivational purposes, as described below: (example)

*"It is our practice to introduce patients to one another to encourage or receive encouragement from other patients. For example: 'Ms. Jones, Mrs. Smith here has hand numbness just like you used to. You know how discouraging that can be. Would you share with her how much you have improved so that she can see some light or hope at the end of this?' Some general health information(similar to the previous example) would be disclosed."*

### **Interaction/Motivation between Staff or Doctor and Patients**

We may discuss with you your progress or the basics of your condition or the concerns you have that day in an area that is not sound-proof: (example)

*"It is our practice to question and/or encourage you about your progress. We may ask or state how you seem to be moving better, feeling better, etc. At any time you may request that this information be discussed in a room from which low voices could not be heard outside. General health information(i.e. "neck pain, posture, ability to lift without pain, lack of leg pain, fewer allergy symptoms etc.) would frequently be stated."*

### **Change of Ownership.**

In the event that Synergy Chiropractic & Natural Health 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 Synergy Chiropractic & Natural Health is not required to agree to the restriction that you requested. The changes may be made to this original. Each change should be signed by you and a staff person.
- 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. Your request must be in writing, using the contact information listed at the end of this notice. We will use a format you request, unless we cannot practicably do so. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.
- You have a right to request that we amend your protected health information. (Your request must be in writing, and it must explain why the information should be amended.) Please be advised, however, that we are not required to agree to amend your protected health information. If your request to amend your health information has been denied, your request and your further written explanation may be placed in your file.
- You have a right to receive an accounting of disclosures of your protected health information made by Synergy Chiropractic & Natural Health.
- 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**

Synergy Chiropractic & Natural Health 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, Synergy Chiropractic & Natural Health is required by law to comply with this Notice.

Synergy Chiropractic & Natural Health 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 us by calling this office at 559-635-8266. You may make an appointment with the clinic supervisor for a personal conference in person or by telephone within 2 working days.

**Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you have questions, concerns, or complaints about your Privacy rights, or how Synergy Chiropractic & Natural Health has handled your health information should be directed to:

Contact Officer: Dr. Hobbs  
Telephone: (559) 635-8266

If Dr. Hobbs is not available, you may make an appointment with him or the clinic supervisor 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

This notice is effective as of \_\_\_\_/\_\_\_\_/\_\_\_\_

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

By way of my signature, I provide Synergy Chiropractic & Natural Health with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date

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