

Conscious Chiropractic & Acupuncture

Notice of Privacy Practices

220 Montgomery Street, Suite 305
San Francisco, CA 94104
Privacy Officer 415.677.9900

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Conscious Chiropractic and Acupuncture (CC&A) understands the importance of privacy and is committed to maintaining the confidentiality of your medical information. This Notice of Privacy Practices is required by law to inform you of how your health information will be protected, how CC&A may use or disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. 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 healthcare services. If you have any questions about this Notice, please contact our Privacy Officer at 415.677.9900.

A. How this Practice May Use or Disclose Your Protected Health Information

This practice collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this practice, but the information in the record belongs to you. The sections below outline the purposes for which the law permits us to use or disclose your health information. Our practice policies in some areas may be stricter than those required by law.

- 1. Treatment:** We use medical information about you to provide your medical care. We disclose medical information to our employees, associates and others who are involved in providing the care you need. For example, we may share or disclose your PHI with other practitioners or other healthcare providers to provide, coordinate, or manage your healthcare and any related services.
- 2. Payment:** Your protected health information will be used, as needed, to obtain payment for your healthcare services. For example, we give your health plan the information it requires before it will pay us. WE may also disclose information to other healthcare providers to assist them in obtaining payment for services they have provided to you.
- 3. Healthcare Operations:** We may use or disclose, as needed, your PHI in order to operate our practice. For example, we may use and disclose this information to review and improve the quality of care we provide. We may use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our “business associates”, such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms required of them to protect the confidentiality of your medical information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law, all recipients of healthcare information are prohibited from re-disclosing it, except as specifically required or permitted by law. We may also share your information with other healthcare providers, healthcare clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce healthcare costs, their review of competence, qualifications and performance of healthcare professionals, their training programs, their accreditation, certification or licensing activities, or their healthcare fraud and abuse detection and compliance efforts.
- 4. Appointment Reminders and Sign in Sheets:** 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 waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment by email, phone reminders or messages left on your answering machine, voice mail or with the person who answers your phone.

5. Marketing: We may contact you to give you information about our services related to your treatment, case management or care coordination, to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a service when we see you. We will not use or disclose your medical information without your written authorization. Additionally, we may periodically send an email notice or newsletter to the email address provided by you.

6. Required by Law: 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 or determine our compliance with the requirements of Section 164.500. We may use or disclose your protected health information 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, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates, Required Uses and Disclosures. Additionally, the Practice may disclose your PHI, without a written Consent from you, in the following instances:

- a. De-identified Information – Information that does not identify you and, even without your name, cannot be used to identify you.
- b. Personal Representative – To a person who, under applicable law, has the authority to represent you in making decisions related to your healthcare.
- c. Emergency Situations – For the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your Consent as soon as possible, or to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating your care with such entities in an emergency situation.
- d. Communication Barriers – If, due to substantial communication barriers or inability to communicate, the Practice has been unable to obtain your Consent and the Practice determines, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.

7. Workers' Compensation: We may disclose your health information as necessary to comply with Workers' Compensation laws. For example, to the extent your care is covered by Workers' Compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

8. Change of Ownership: In the event that this practice is sold or merged with another organization, your health information or record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another doctor or medical group.

9. Research: We may disclose your health information to researchers in conducting research for which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information that identifies you without your written authorization. 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 has taken an action in reliance on the use or disclosure indicated in the authorization. We are unable to take back any disclosure we have already made with your permission.

C. Your Health Information Rights

1. Right to Inspect and Copy: You have the right to inspect and copy your protected health information, with limited exception. To access your medical information, you must submit a written request detailing the specific information to which you want access and whether you want to inspect it or obtain a copy of it. We will charge a reasonable fee, as allowed by California law. If the file is large, the Practice may require the use of a copy service for this purpose. You will pay the cost of this service. We may deny your request under limited circumstances; however, you may request a

review of our denial. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

2. Right to Amend or Supplement: You have the right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. If we deny your request for amendment, you have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

3. Right to Request Special Privacy Protections: You have the right to request certain restrictions of your protected health information. Your written request must state the specific restriction requested and to whom you want the restriction to apply. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. We reserve the right to accept or reject your request and will notify you of our decision. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

4. Right to Request Confidential Communications: You have the right to request that you receive confidential communications or your health information from us in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

5. Right to an Accounting of Disclosure: You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information except as is not required by law, or pursuant to your written authorization, or for disclosures provided to you.

6. You have the right to obtain a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail or from our website.

D. Changes to this Notice of Privacy Practices

We reserve the right to change the terms of this notice and will inform you in person or by mail of any changes. You then have the right to object or withdraw as provided in this notice. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and will also post the current notice on our website.

E. Complaints

Please direct any complaints about this Notice of Privacy Practices or how this practice handles your health information to our Privacy Officer. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Secretary of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You will not be penalized for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2003.