

# **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

## **THIS NOTICE EXPLAINS HOW YOUR PERSONAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

In the course of your care as a patient at Down to Earth Chiropractic & Rehabilitation/Kyle McKamey, DC PLLC, we may use or disclose personal and health information about you in the following ways:

- Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis or care.
- Your health care records as well as your billing records may be disclosed to another party such as an insurance carrier, an HMO, a PPO, or employer if they are or may be responsible for the payment of services provided to you.
- Your name, address, phone number, and your healthcare records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

You have the right to request restrictions on the use of your protected health information for care, payment, or operations purposes. Such requests are not automatic and require the agreement of this office and must be submitted to us in writing by you.

If you are not home to receive an appointment reminder or other information, a message may be left on your answering machine or with a person in your household. You have a right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations if you desire.

We are permitted and may be required to use or disclose information without your authorization in these following circumstances:

- If we provide healthcare services to you in an emergency.
- If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communicating with you, but in our professional judgment we believe you intend for us to provide you care.
- If we are ordered by the courts or another appropriate agency.

You have a right to receive an accounting of any such disclosures made by this office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by persons to whom we provide the information and may no longer be protected by the federal privacy rules.

We normally provide information about your health to you in person at the time you receive care from us. We may also inform you regarding your health care or about the status of your account. If you receive this information at an address other than your home, or if you would like the information in a specific form, please advise us in writing as to your preference.

We are required by state and federal law to maintain the privacy of your patient file and the health information herein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are also required to abide by the terms of this notice while it is in effect.

We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy policies, we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

If you have a complaint regarding our privacy practices or any aspect of our privacy policy, you should direct your complaint to: Secretary of the Department of Health and Human Services. If you choose to lodge a complaint with this office or with the Secretary, your care will continue and this office or our staff, in any manner whatsoever, will not disadvantage you.

This office utilizes an “semi-open adjusting” environment. “Open adjusting” involves patients being seen in adjusting rooms with open doors. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and is NOT the environment used for taking patient histories or providing examinations. These procedures are completed in a private confidential setting. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in and open-adjusting environment, other arrangements can be made for you.

This notice is effective as of 8/8/15 and any alterations or amendments made will expire seven years after the date upon which the record was created. Your signature acknowledges that you have received a copy of this notice. If you wish to view our HIPPA manual, just ask to speak to our HIPPA compliance manager.

Name (Print)	Signature	Date	
Representative of Dependent (Print)	Relationship	Signature	Date