

Summers Chiropractic & Wellness Center, Inc

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.

The office of Dr. Cindy Summers 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 Dr. Cindy Summers’ office.”

“It is our policy to provide a substitute health care provider, authorized by Dr. Cindy Summers 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 our health information to your insurance provider for the purpose of payment or health care operation (example)

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Dr. Cindy Summers for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to your. The billing statement contains medical information including diagnosis, date of injury or condition, and codes which describe the health care services received.”

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 diseases or infection exposure.

Judicial and Administrative Proceedings

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

Law Enforcement

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

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Changes to this Notice of Privacy Practices

Dr. Cindy Summers serves the right to amend this Notice of Privacy at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dr. Cindy Summers is required by law to comply with this Notice.

Dr. Cindy Summers 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 Dr. Cindy Summers by calling this office at (818) 985-4413. If Dr. Cindy Summers is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights or how Dr. Cindy Summers or staff has handled your health information should be directed to Dr. Summers by calling this office at (818) 985-4413. If Dr. Summers is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

This notice is effective as of ____/____/____.

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

By way of signature, I provide Dr. Cindy Summers with my authorization and consent to use and disclosed 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: _____