

COTTINGHAM CHIROPRACTIC



FAMILY WELLNESS THROUGH STRUCTURAL REHABILITATION OF THE SPINE

HIPAA Notice of Privacy Practices

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access you PHI. "Protected Health Information" is information about you, including demographics 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 (PHI)-Your PHI may be used by Cottingham Chiropractic, our staff and others outside of our office 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 Cottingham Chiropractic, and any other use required by law. Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

Treatment- We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes that coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a physician that you have been referred to aid in the treatment and diagnoses of any condition you were being treated for.

Payment- Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for health care services may required that your relevant PHI be disclosed to the health insurance carrier to aid in obtaining approval for the services. We may disclose your PHI to an attorney to obtain settlement for your services related to a personal injury.

Healthcare Operations- We may use or disclose, as needed, your PHI in order to support the business activities of Cottingham Chiropractic. These activities include, but are not limited to, quality assessment activities, employee review activities, training, licensing and conducting or arranging other business activities. For example, we will use a sign in sheet at the registration desk where you will be asked to sign your name and time of appointment and we may call you by name in the reception or treatment area. During treatment at Cottingham Chiropractic you will be treated in an "**open adjusting / rehabilitation**" environment, where some non-vital information may be overheard by others in the treatment area. If at any time you feel the need to discuss information in private, a time will be made available for you to meet with the Doctor/Staff privately. Our office will also utilize your PHI to contact you in regards to appointment reminders and newsletters. There are circumstances where we are required to release your PHI without your authorization, some examples would be: Required by law, Public Health issues, Communicable Diseases, FDA requirements, Abuse or neglect, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors and Organ Donation, Research, Criminal Activity, Military Activity and National Security, worker compensation, Required Uses and Disclosures.

Other permitted and Required Uses and Disclosures- Will be made only with your written 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 Cottingham Chiropractic has taken action in reliance on the use or disclosure indicated in the authorization.

Your Rights- You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. You have the right to request a restriction of your PHI. This means that you may ask us not to use or disclose any part of your PHI for the purposes of TPO. You may also request that any part of your PHI 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. This request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. Cottingham Chiropractic has the right to refuse such a restriction if the doctor believes it is in your best interest to disclose the PHI. You have the right to seek another healthcare provider. You have the right to request to receive confidential communication from us by alternative means to at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agrees to accept this notice alternatively, I.e. electronically. You have the right to have your doctor amend your PHI. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints- You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact with your complaint.

This notice was published and becomes effective on/before **April 14, 2003**. We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form please contact Dr. Jeff Cottingham (HIPAA Compliance Officer). Your Signature below is an acknowledgement that you have received this Notice of Privacy Practices.

Print Name: _____ Signature: _____ Date: _____

Print Patient Name (or Personal Representative if applicable): _____ Signature: _____ Date: _____

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