

In accordance with the Health Insurance Portability and Accountability Act of 1996, as of April 14, 2003 all health care providers are required to provide their patients with a 'Notice of Privacy Practice' statement. The following is a generic 'Notice of Privacy Practice' statement designed to provide you with an idea of what you should expect to be receiving from your health care provider. Note: This document supersedes any prior HIPAA document used by this office. (updated 12/1/2010)

Schneider Chiropractic: Notice of privacy practices

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

Schneider Chiropractic 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/staff/institutions within or external to 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 Schneider Chiropractic.*

"It is our policy to try to arrange for a substitute health care provider, authorized by Schneider Chiropractic, 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 a vacation, sickness, or other emergency situation."

Specific Addendum: We may also provide treatment in an "open or "group adjusting" environment where other patients may be treated at the same time in close proximity to you. This situation would necessitate the discussion of your health, subjective symptoms/treatment etc. in the presence of other patients.

Payment

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

(Example) *"As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Schneider Chiropractic 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 you. 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.

Schneider Chiropractic: Notice of privacy practices (continued):

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. This may include attorneys, courts, insurance companies.

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.

Organ Donation.

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research.

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

Public Safety.

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies.

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing.

We may contact you for marketing, appointment scheduling or fundraising purposes. (example): *"As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. 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 the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment."*

"It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable 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 the purpose of Schneider Chiropractic's sponsored community fund-raising events."

Schneider Chiropractic: Notice of privacy practices(continued):

Change of Ownership.

In the event that Schneider Chiropractic 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 Schneider Chiropractic is not required to agree to the restriction that you requested.

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.

You have a right to request that Schneider Chiropractic amend your protected health information. Please be advised, however, that Schneider Chiropractic is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your protected health information made by Schneider Chiropractic. 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

Schneider Chiropractic 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, Schneider Chiropractic is required by law to comply with this notice. Schneider Chiropractic 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. Bruce Schneider (or current privacy officer) by calling this office at 919-661-2225. If Dr. Bruce Schneider is not available, you may make an appointment for a personal conference in person or by telephone within two working days (approx.).

Complaints

Complaints about your Privacy rights, or how Schneider Chiropractic has handled your health information should be directed to Dr. Bruce Schneider by calling this office at 919-661-2225. If Dr. Bruce Schneider is not available, you may make an appointment for a personal conference in person or by telephone within approximately two 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 the date noted below. I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Schneider Chiropractic 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 Authorization regarding chiropractic care being provided in an “open-door” or “open or group” adjusting environment

It is the desire of this office to provide chiropractic care in an “open-door” and “open or group” adjusting environment. An “open-door” approach involves the doctor moving from patient care area to patient care area and leaving the doors between patient care areas open. An “open or group” adjusting environment involves several patients being seen in the same adjusting room at the same time. As a result patients may be within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. Therefore, we can’t assure you that any details of your care will be addressed & considered confidential by those in listening range.

This environment is used for ongoing care and is not our customary environment used for taking patient histories, performing examinations or presenting reports of findings. These other procedures are usually completed in a private, confidential setting.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as an “incidental disclosures” of health information. It is our view that the kinds of matters related in an “open door” or “open or group” environment are incidental matters. In the event you or someone else would not agree with us we are providing this disclosure and requesting your authorization.

The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your timely access to quality health care. If you choose not to be adjusted in an “open-door” or “open or group” adjusting environment other arrangements will be made for you. Your decision will have no adverse effect on your care from the doctor(s) or on your relationship with our staff.

I have read, accept and fully understand the information and policies of this office regarding HIPAA.

_____/_____/_____
Patient’s Name (print) Patient’s Signature Date

Representative from Schneider Chiropractic(print) Signature of representative