

Dynamic Life Chiropractic

Notices 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

Dynamic Life 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 within our practice for the purpose of treatment, payment or healthcare operations (example)

“On occasion, it may be necessary to seek consultation regarding your treatment from other health care providers associated with Dynamic Life Chiropractic”

“It is our policy to provide a substitute health care provider, authorized by Dynamic Life 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 vacation, sickness or other emergency situation.”

Due to the nature of Dynamic Life Chiropractic’s open adjustment areas, others may overhear conversations between the doctor and patient although every effort will be made to avoid loss of confidentiality. At any time you may request a private consultation with the doctor.

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 statement to your insurance center for the purpose of payment to Dynamic Life Chiropractic for health care services rendered. If you pay for your health care services personally we will, as a courtesy to you, provide and 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 may describe the health care services received.”

Research

This office is engaged in clinical research. Please carefully read the authorization to use and disclose individual health information for research purpose and initial where indicated.

1. Purpose. As a research participant, I authorize Dynamic Life Chiropractic and the researcher’s staff to use and disclose my individual health information for the purpose of conducting the research.

2. Individual Health Information to be Used or Disclosed. I understand that my social security number will not be disclosed. Individual health information that may be used or disclosed to conduct this research includes: any data/information necessary to demonstrate therapeutic benefit, included but not limited to; Spinal Ranges of Motion, X-ray, Leg Length Imbalances, Rand-36 1.0 scores.

3. Parties Who May Disclose My Individual Health Information.

The researcher and the researcher’s staff may obtain my individual health information from other healthcare providers, such as laboratories, which are a part of this research, as well as healthcare providers that are not part of this research (other doctors, hospitals and/or clinics) for the purposes of carrying out this research study. I authorize these parties to disclose my individual health information to the researcher and the researcher’s staff for the purposes of carrying out this research.

4. Parties Who May Receive or Use My Individual Health Information. The individual health information disclosed by parties in item 3 and information disclosed by me during the course of the research may be received and used by Dynamic Life Chiropractic and the researcher's staff

5. Right to Refuse Participation. I do not have to participate in research study. If I decide not to participate, I may not receive research related treatment that is provided through the study. However, my decision not to participate will not affect any other treatment, payment, or enrollment in health plans or eligibility for benefits.

Signature: _____ Date: _____

6. Right to Revoke. I can change my mind and withdraw this authorization at any time by sending a written notice to Dynamic Life Chiropractic to inform the researcher of my decision. If I withdraw this authorization, the researcher may only use and disclose the protected health information already collected for this research study. No further health information about me will be collected by or disclosed to the researcher for this study.

Address to send written right to revoke:

Dynamic Life Chiropractic
33966 West 8 Mile Rd., Suite 103
Farmington, MI 48335

Dynamic Life Chiropractic
725 South Adams Rd, Suite 198
Birmingham, MI 48009

7. Potential for Re-disclosure. Once my health information is disclosed under this authorization, there is a potential that it will be re-disclosed outside this study and no longer covered by this authorization. However, the research team and the Institutional Review Board (the committee that reviews studies to be sure that the rights and safety of study participants are protected) are very careful to protect your privacy and limit the disclosure of identifying information about you.

7A. Also, there are other laws that may require my individual health information to be disclosed for public purposes. Examples include potential disclosures if required for mandated reporting of abuse or neglect, judicial proceedings, health oversight activities and public health measures.

8. [Optional Item] Suspension of Access. I may not be allowed to review the information collected for this study, including information recorded in my medical record, until after the study is completed. When the study is over, I will have the right to access the information again.

This authorization does not have an expiration date.

I am the research participant or personal representative authorized to act on behalf of the participant.

signature of research participant or research participant's
personal representative

date

printed name of research participant or research participant's
act on
personal representative

description of personal representative's authority to
on behalf of the research participant

Worker's 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 your death.

Public Health

As required by law, we may disclose your health information to public health authorities for the 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 infectious 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 law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order of 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.

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 purposes or fundraising purposes, as described below: (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 home, we will 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, etc. During these times, we may need to send you a letter, post card 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 Dynamic Life Chiropractic Clinic sponsored fundraising events.”

Change of Ownership

In the event that Dynamic Life Chiropractic is sold or merged with another organization, your health information 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 Dynamic Life Chiropractic is not required to agree to the restriction 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 receive a copy of your health information.
- ❑ You have the right to request that Dynamic Life Chiropractic amend your protected health information. Please be advised, however, that Dynamic Life 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 the right to receive an accounting of disclosures of your protected health information made by Dynamic Life Chiropractic
- ❑ You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Dynamic Life 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 the information that it maintains. Until such an amendment is made, Dynamic Life Chiropractic is required by law to comply with this Notice. Dynamic Life 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

Complaints

Complaints about your Privacy rights, or how Dynamic Life Chiropractic has handled your health information should be directed to Sadie Rubert by calling this office at 248-478-6203. If she is not available you may make an appointment for a personal conference in person or by telephone within 2 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, SW
 Room 509F HHH Building
 Washington, D.C. 20201

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

By way of my signature, I provide Dynamic Life Chiropractic with my authorization and consent to use and disclose my protected health care information for the purposes of the treatment, payment and health care operations as described in the Privacy Notice

Patient's Name (print)

Date

Patient's Signature

Date