

# SPINE & SPORTCARE ASSOCIATES

## Patient Privacy Act

**This notice describes how chiropractic and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Your protected health information, including your clinical records, may be disclosed to another health provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment. 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 your employer, if they are or may be responsible for payment of services provided to you. Your name, address, phone number, and your health 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 might receive text reminders or text communication from this office. You have the right to let us know if you do not want to receive text reminders. You have the right to receive an accounting of any such disclosures made by this office.

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

If we provide health care services to you in an emergency. If we are required by law to provide care to 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 that you intend for us to provide care. If we are ordered by courts or another appropriate agency.

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.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to 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.

You have the right to inspect and/or copy your health information for as long as the information remains in our files. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect.

If you would like further information or have a complaint regarding our privacy notice, our privacy practice, or any aspect of our privacy activities, you should direct your complaints to Spine & Sportcare Associates at 510-346-0711.

You also have the right to log a complaint with the Secretary of the Department of Health and Human Services. If you choose to log a complaint with this office or with the Secretary, your care will continue and will not be disadvantaged by this office or our staff in any manner whatsoever.

This notice is effective January 1, 2014. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are a minor, or if you are being represented by another party:

\_\_\_\_\_  
Personal Representative Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

