

**SHASTA LAKE CHIROPRACTIC  
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.

Shasta Lake Chiropractic is required by law to maintain the privacy and confidentiality of your Protected Health Information (PHI) and to abide by the terms of this notice. This notice informs our patients of our legal duties and privacy practices with respect to your PHI, and our requirement to notify affected individuals following a breach of unsecured PHI. This notice has been updated as of March 12, 2014.

**Disclosure of Your Protected Health Care Information (PHI)**

**Treatment:** We may disclose your PHI to other healthcare professionals for the purpose of treatment, opinions or other healthcare options. *Example:*

*On occasion, it may be necessary to seek consultation regarding your condition from other health care providers. It may be necessary on occasion to provide a substitute health care provider, authorized by Dr. Kobe, DC to provide assessment and/or treatment to our patients, without advanced notice, in the event of our absence.*

**Payment:** For the purpose of payment or health care operations, we may disclose your PHI to your insurance provider or in the event of overdue accounts, to a collection agency. *Example:*

*We utilize a sign in sheet at our front counter. Your 'sign in' is viewable by other persons.*

*As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Shasta Lake Chiropractic for health care services rendered. If you pay for your health care services personally we will, upon your request, 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.*

*As a courtesy to our patients, if your account becomes overdue, we may telephone you to arrange prompt payment and to avoid sending your account to a collection agency. If your account remains overdue past 60 days, we will send your account to a collection agency. Your account includes medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.*

**Workers' Compensation:** We may disclose your PHI as necessary to comply with State Workers' Compensation Laws.

**Emergencies:** We may disclose your PHI to assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency.

**Public Health:** As required by law, we may disclose your PHI to public health authorities for purposes related to preventing or controlling disease, injury or disability, reporting child or elder abuse or neglect, reporting domestic violence, reporting to the FDA problems with products and reactions to medications, reporting disease or infection exposure.

**Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement and Specialized Governmental Agencies:** We may disclose your PHI 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. We may disclose your PHI for military, national security, prisoner and government benefits purposes. In the event of death, we may disclose your PHI to coroners or medical examiners.

**Public Safety:** It may be necessary to disclose your PHI 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.

**Marketing:** We may contact you for marketing purposes or fundraising purposes. *Example:*

*As a courtesy to our patients, it is our policy to call your home if you are late or miss your scheduled appointment time. If you are not at home, we will leave a reminder message on your answering machine or with the person answering the phone regarding 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. On occasion we may send you a letter, post card or newsletter promoting our services. It is not our policy to disclose any PHI about your condition in these contacts. You have the right to opt-out of receiving such communication.*

**Change of Ownership:** In the event that Shasta Lake Chiropractic is sold or merged with another organization, all of our records including your PHI will become the property of the new owner.

**Your Protected Health Information Rights:**

- You have the right to request restrictions on certain uses and disclosures of your PHI. Please be advised, however, that Shasta Lake Chiropractic is not required to agree to the restriction that you requested except in case of a disclosure restricted under §164.522(a)(1)(vi).
- 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. Your email address can be used for this communication.
- You have the right to inspect and copy your PHI. There will be a charge for photo-copying of records. We can send your records electronically at no charge.
- You have a right to request that Shasta Lake Chiropractic amend your PHI. Please be advised, however, that Shasta Lake Chiropractic is not required to agree to amend your PHI. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your PHI made by Shasta Lake 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:** Shasta Lake Chiropractic is required by law to comply with this Notice and 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 PHI that it maintains. Revisions are available upon request from our office or on our website: [www.shastalakechiro.com](http://www.shastalakechiro.com)

If you have questions about any part of this notice or if you want more information about your privacy rights, please contact Dr. Kay Kobe, DC or Dr. Chris Kobe, DC by calling this office at 530-275-1585. If the doctor(s) are not available, you may make an appointment for a personal conference to be scheduled within 2 of their working days.

**Complaints:** Complaints about your privacy rights, or how Shasta Lake Chiropractic has handled your PHI should be directed to either Dr. Kay Kobe, DC or Dr. Chris Kobe, DC by calling this office at 530-275-1585. If the doctor(s) are not available, you may make an appointment for a personal conference to be scheduled within 2 of their 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 Ave., S.W., Room 509F HHH Building, Washington DC, 20201. You will not be retaliated against for filing a complaint.

***I have read the Privacy Notice and understand my rights contained in the notice. By signing the accompanying acknowledgement I provide Shasta Lake Chiropractic with my authorization and consent to use and disclose my PHI for purposes of treatment, payment and health care operations as described above.***