

## Notice of Privacy Practices-HIPPA Privacy Compliant Paragraph

Your privacy is very important to us. If you believe that a member of our workforce or entity we do business with has inappropriately disclosed or used personal health information we will thoroughly investigate your claim. You also have the right to file your complaint with the Secretary of the U.S. Department of Health Services within 180 days of your discovery of the incident causing your complaint.

We try to prevent any harm that comes to you from people who work at this agency who are using or giving your protected health information. Our policy on lessening any harm is that retribution is unacceptable. All complaints will be fully investigated and appropriate action(s) taken within a timely manner. Patient information should only be released to appropriate parties.

If you file a complaint or testify, assist or participate in an investigation, a review, a proceeding or a hearing; or if you oppose any act or practice that you believe is unlawful under the HIPPA rules, members of our workforce cannot intimidate, threaten, coerce, discriminate, or take any other retaliatory action against you. (If you believe that any intimidating or retaliating actions have been taken against you, please let our Complaint Officer know immediately.)

We are required to mitigate to the extent practicable, any harmful effects to you resulting from the use or disclosure of protected health information that is in violation of HIPPA. Our policy on mitigating harmful effects is that all complaints will be fully investigated and appropriate action(s) taken. If information has been given to an inappropriate party the person(s) will be requested to return said information and sign a nondisclosure agreement. If mistakes have occurred an official apology will be issued with an explanation of action(s) taken.

### **COMPLAINT PROCEDURE:**

If you feel your personal health information has been released inappropriately you have the right to complain to our Privacy Complaint Official (Privacy Officer). Advanced Physical Health requests you complain as soon as possible after any incident(s) which may lead you to believe your privacy rights have been violated. Your complaint must be made in writing using the CalOHI compliant form. You also have the right to complain to the U.S. Department of Health and Human Services (DHHS) within 180 days after incident(s) in question.

#### **You may file your complaint with:**

Dr. Kurt Spurgin, Privacy Complaint Official  
80545 Highway 111 Suite B  
Indio, CA 92201  
(760) 347-6822

#### **If you're not satisfied with the handling of your complaint, you may also complain to:**

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W., Room 509 F Bldg. HHH  
Washington, D.C. 20201

**DISCLOSURE OF PATIENT INFORMATION:** Your patient information may be disclosed for treatment, payment, workers' compensation, first aid, emergencies, public health, law enforcement, judicial and/or administrative hearing, organ donation, deceased persons, research and/or specialized government agencies as outline in the HIPPA Privacy Act. Ownership of patient records may be transferred upon event of change in ownership of this facility. Advanced Physical Health reserves the right to change terms of this agreement.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE, COMPLAINTS:** I hereby acknowledge I read a current copy of Advanced Physical Health's Notice of Privacy Act Complaint Practices and Procedures regarding lessening any harm, mitigating harmful effects and complaint procedures regarding the privacy provisions of HIPPA and/or Advanced Physical Health. I have also read and understand the Patient's Personal Health Information Rights on the reverse side of this page. I understand Advanced Physical Health may alter this document according to laws, federal and/or state, made after this date. I may request a copy of such changes or review this annually.

Effective on \_\_\_\_\_ until January 01, 2021.  
(Today's Date)

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

*Kurt Spurgin Chiropractic, Inc*  
**PERSONAL HEALTH INFORMATION RIGHTS**

You have the right to inspect and copy your protected health information (PHI).

**By CalOHI standards you will be charged \$0.25 per page requested within your file. Should this be for another health care provider, Advanced Physical Health will fax or mail a copy. The fax fee is \$5.00. The mailing fee is \$.0.25 per page plus \$5.00 postage and handling fee. Should the Privacy Officer decide a file review is appropriate there is a \$0.25 per page fee plus a \$50.00 medical review officer (MRO) chart review charge. The MRO fee is substantiated by the HIPPA Privacy Act provision such that only information that is minimally necessary and relevant should be copied. (HIPPA Privacy Act Section 5.201 make reasonable efforts to limit the amount of protected health information used or disclosed to the minimum necessary to accomplish the purpose of the use of the disclosure.) The reasonable effort for Advanced Physical Health is for the patient's file(s) to be reviewed by a Doctor of Chiropractic (D.C.) and/or a Medical Doctor (M.D.) if deemed appropriate by the Privacy Officer for Advanced Physical Health.**

You have the right to a paper copy of this Notice of Privacy Practices upon request.

You have the right to complain if you believe your PHI has not been protected as per HIPPA Privacy Act Regulations. You must submit your complaint in writing to the Privacy Officer of Advanced Physical Health. Advanced Physical Health requests you to complain to the Privacy Officer as soon as possible after you suspect your PHI confidentially had been violated.

You have the right to your medical information being kept private.

You have the right to receive an accounting of disclosure of your protected health information made by Advanced Physical Health.

You have the right to have your health information sent to an alternative location other than the usual location, upon your request.

You have the right to have your health information received through an alternative method or communication or delivery.

You have the right to health information communicated through an alternative method.

You have the right to request restriction on certain uses of your information.

You have the right to disclosures of your health information.

You have the right that you DNA records or Psychotherapy notes are stored separately from your medical record, or sealed within the record in order to prevent the disclosure of these records without approval of the patient and the health care provider.

You have the right to request that Advanced Physical Health amend your protected health information.

Under the HIPPA Privacy Act (Section 3.109) Advanced Physical Health is not required to agree to amend protected health information. If you 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.

Patient Initials \_\_\_\_\_

*Kurt Spurgin Chiropractic, Inc.*  
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

Kurt Spurgin Chiropractic, Inc. 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 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 for the purpose of providing appropriate care and treatment for your condition or for other healthcare operations.

**Payment**

We may disclose your health information to your insurance provider for the purpose of payment or health care operation. For example, billing statements will often contain medical information, including diagnosis, date of injury or condition, and codes which describe the health care services rendered.

**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 of your death.

**Public Health**

As required by law, we may disclose your health information to public health authorities for purposes related to: prevention or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products or reactions to medicines, 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.

**Law Enforcement**

We may disclose your health information to a law enforcement official for purposes of complying with a court order or subpoena or other law enforcement purposes.

**Deceased Persons**

We may disclose your health information to coroners or medical examiners.

**Organ Persons**

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 lessen a serious and imminent threat to the health or safety of a particular person or to the general.

**Change of Ownership**

In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner.

*By way of my signature, I provide Kurt Spurgin Chiropractic, Inc. with my authorization and consent to use and disclose my protected health care information for the treatment, payment, and health care operations as described in the Privacy Notice.*

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed