

PRIVACY CONFIDENTIALITY STATEMENT

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

DISCLOSURE OF INFORMATION

We may disclose information to other healthcare professional and/or your insurance carrier for treatment, payment or healthcare operations. Additional disclosures may be necessary to comply with Worker's Compensation and Public Health Laws as well as Judicial proceedings. We may contact a family member or other authorized person in the event of an emergency. Be assured that we will not disclose any information without your expressed written consent unless compelled to do so by legal authority. Further you will be contacted by phone or by mail in the event a request for information is made.

APPOINTMENT REMINDER

It is our policy to call home or work or your cell phone when you miss an appointment to reschedule you. If you are not at home, we will leave a message on your answering machine or with the person answering the phone. We will not leave any messages that disclose confidential information. If you would like us to use an alternate contact number, please inform us the number you would prefer. We will periodically send out reminder postcards to your home.

FACILITY SET UP

This office utilizes an "Open Door" environment for ongoing patient care, as well as "Open Setting" (divided by curtains) for our physical therapy suite. Staff and Doctors will maintain policies to ensure privacy, but there may be some inadvertent disclosure to others in the same facility at the same time. If there is private information that you need discussed please request to have such discussions in a private room.

YOUR RIGHTS

- Send us a written request to see or procure a copy of the information that we have about, or amend your personal information that you believe is incomplete or inaccurate. If we did not create the information, we will refer you to the source, such as other doctors or hospitals.
- Request additional restrictions on uses and disclosures of your health information, we are not required to agree to these requests and in some instances may be prohibited by law.
- Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address.
- Receive an accounting of our disclosures of our medical information, except when those disclosures are made for treatment, payment or health care operations, or the law otherwise restricts the accounting.
- You have the right to inspect and have a copy of your health information. There is no cost for the first copy and copy thereafter will be \$25.00
- You have the right to amend your information. Please note that we have the right to disagree with your amendments. If there is a disagreement you will be provided with information about our denial of your amendment and how you may appeal the denial of the amendment.
- You have the right to a copy of this notice upon request.

Complaints

Complaints about your privacy rights or how your privacy is handled at this office can be directed to Lana Dieter by calling this office or directing a letter to her attention, if you are not satisfied with how this office handles your complaint you may submit a formal complaint to:

DHHS (Office of Civil rights)
200 Independent Ave. S.W.
Room 509F HHH Building
Washington, D.C. 20201

I have Read this Privacy Notice and understand my rights contained in this notice. By signing this form, I provided authorization and consent to use and disclose my protected health information as noted above.

Patient Name (Print)

Patient Signature

Date

ALMADEN CHIROPRACTIC & WELLNESS, 5570 SANCHEZ DRIVE, SAN JOSE, CA 95123, 408-262-7111