



Mar Chiropractic



Serving Animals & Humans in San Diego and the Valley of the Sun

PATIENT RIGHTS

HIPAA – Health Insurance Portability and Accountability Act

RIGHT to Request Restrictions on Uses and Disclosures of Protected Health Information: You have the right to request restrictions on the use and disclosure of your protected health information. To request a restriction, please submit in writing to your treating Doctor. Please note that while we will put limits in writing and abide by them except in an emergency situation. You may not limit the uses and disclosures that we are legally required to make.

To Receive Confidential Communications: You have the right to receive confidential communications, including the right to direct where communications containing protected health information are sent. For example, you may request that information be sent to your work address rather than your home address or via alternative means such as email rather than regular mail. To verify or modify where or how you would like such communication sent, contact one of our staff members. We will accommodate all reasonable requests. Unless requested otherwise, we will direct mailings and telephone messages containing protected health information to the address and telephone number we have on record for the subscriber of the health plan.

Right to Inspect and Copy Protected Health Information: In most cases, you have the right to see and get copies of your protected health information that we maintain. If you want to see or get copies of your protected health information you must submit your request in writing to Mar Chiropractic. If we do not have your protected health information but knows who does, we will tell you where you can get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do deny your request, we will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed. IF you request copies of your protected health information, we will charge you a reasonable copying fee for each page and mailing costs but will inform you of the fee in advance. Instead of providing the protected health information you requested, we may provide you with a summary or explanation of the protected health information as long as you agree to the summary and any applicable charges in advance.

Right to Amend Protected Health Information: If you believe that there is a mistake in your protected health information or that a piece of important information is missing, you have the right to request that we corrected the existing information or add the missing information. You must provide the request and your reasons for the request in writing to Mar Chiropractic. We will respond within 60 days of receiving your request. We may deny your request in writing if the protected health information is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our written denial will state the reason for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a rebuttal, you have the right to request that copies of your initial request and our denial be attached to all future disclosures of your protected health information. If we approve your request, we will make the change to your protected health information, inform you when the change is completed, and inform others that need to know about the change to your protected health information.

Right to Receive an Accounting of Disclosures of Protected Health Information: You have a right to Receive an accounting of any disclosures of your protected health information that were made for purposes other than coordinating treatment, payment or other health care services plan operation. The accounting will not include uses or disclosures made for treatment, payment, or health care operation, disclosures made directly to you or your family, or disclosures that you have already authorized. Additionally, the accounting will not include uses and disclosures made for treatment, payment, or health care operations, disclosures made directly to you or your family, or disclosures that you have already authorized. Additionally, the accounting will not include uses and disclosures made for national security purposes, or to corrections or written request. The accounting will include the date of the disclosures, to whom protected health information was disclosed (including their address, if known), a brief description of the information request within a 12-month period at no charge. For additional accounting within the same time period, we may charge you a fee for each additional request but will inform you of that fee in advance. To request an accounting of any such disclosures, submit your request in writing to Mar Chiropractic stating the time period for which you want the accounting. This time period may not be longer than six years and may not include dates before March 17, 2015.

Right to File a Complaint: If you believe that your protected health information has been improperly used or disclosed, or that your privacy rights have been violated you may file a privacy complaint with us. To file such a complaint, you should contact Mar Chiropractic. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services (DHHS). We will take no retaliatory action against you if you file a complaint with us or the DHHS.

I acknowledge having received a copy of this notice of Privacy Practices.

Patient Name _____

Signature _____

Date of Signature _____

Note: If this acknowledgement is being signed by a patient's legal representative, you must provide a copy of the power of attorney or other relevant document(s) designating you as the legal representative