

Dr. Josh Walker DC

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.

Dr Oceanside Chiropractic is required, by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of legal duties and privacy practices 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 within our practice for the purpose of treatment, payment or healthcare operations.

“On occasions, it may be necessary to seek consultation regarding your condition from other health care providers associated with Dr Oceanside Chiropractic”

“It is our policy to provide a substitute health care provider, authorized by Dr Oceanside Chiropractic to provide assessment and/or treatment to our patients, without advance notice in event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”

Payment

We may disclose your health information to your insurance provider for the purposes of payment or health care operations.

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Dr Oceanside Chiropractic for health care services rendered. If you pay for your health care services personally we will, as a courtesy, provide an itemized bill to your insurance carrier for the purposes of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describes the health care services received.”

Worker’s Compensation

We may disclose your health information as necessary to comply with State Worker’s 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 emergency or your death.

Public Health

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

Judicial and Administration Proceedings

We may disclose your health information in the course of any administrative or judicial proceedings

Law Enforcement

We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing persons, complying with a court order or subpoena and other law enforcement purposes.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose your health information to researches conducting research that has been approved by an institutional review board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and Government benefits purposes.

Marketing

We may contact you for marketing purposes or fundraising purpose, as described below.

“As a courtesy to our patients, it is our policy to call your home or work prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than 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.

Change of Ownership

In event that Dr Oceanside Chiropractic is sold or merged with another organization, your health information/records will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Dr Oceanside Chiropractic is not required to agree to the restrictions you request.
- You have the right to inspect and copy your health information.
- 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.
- You have the right to request Dr Oceanside Chiropractic to amend your protected health information. Please be advised, however that Dr Oceanside Chiropractic is not required to agree to amend your protected health information. If your request to amend your health information is denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have the right to receive an accounting of disclosures of your protected health information made by Dr Oceanside 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

Dr Oceanside Chiropractic reserves the right to amend this notice at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendments are made Dr Oceanside Chiropractic is required by law to comply with this notice.

Dr Oceanside Chiropractic is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information about your privacy rights please contact Dr Walker by calling 760-967-7444. If he is not available you may make an appointment for personal conference in person or by telephone within two working days.

Complaints

Complaints about this notice or Dr Oceanside Chiropractic handling of your health information should be directed to Dr Walker by calling this office, if the Dr is not available you may make an appointment for a personal conference in person or by telephone within two working days.

If you are not satisfied with the manner in which this office handles your complaints you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Ave, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of ____/____/____

I Have read this Notice and understand my rights contained in this notice.

By way of my signature, I provide Dr Oceanside Chiropractic with my authorization and consent to use my health information for purposes for treatment, payment and health care operations described in this Privacy Notice.

Print Name

Signature

Date

Authorized facility signature

Date