

HIPAA Notice of Privacy Practices Acknowledgement of Receipt

Budincich Chiropractic Clinic, 140 N. Hill Avenue, Pasadena, CA 91106
Michael N. Budincich, D.C., Privacy Officer, (626) 792-3390

I hereby acknowledge that I have read and received a copy of the attached medical practice's **HIPAA Notice of Privacy Practices of the Budincich Chiropractic Clinic.**

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient: _____

_____ Do not write below this line _____

For Office Use Only:

Signed form received by: _____ C.A.

Acknowledgment refused: _____ C.A.

Efforts to obtain:

Reasons for refusal:

HIPAA 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.

Budincich Chiropractic Clinic (BCC) 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 questions about any part of this notice or if you want more information about the privacy practices at Budincich Chiropractic Clinic (BCC) please contact:

Michael N. Budincich, D.C. at (626) 792-3390, drbud@drbud.com or 140 N. Hill Avenue, Pasadena, CA 91106

Effective Date of This Notice: 4/10/06

I. How BCC may Use or Disclose Your Health Information

BCC collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of BCC, but the information in the medical record belongs to you. BCC protects the privacy of your health information. The law permits BCC to use or disclose your health information for the following purposes:

1. Treatment. We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. Example:

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with the Budincich Chiropractic Clinic, Inc.”

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

2. Payment. We may disclose your health information to your insurance provider for the purpose of payment or health care operations. Example:

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Budincich Chiropractic Clinic, Inc. for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to you for your insurance company 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”

3. Regular Health Care Operations. We may disclose your health information to a staff member in order that they may process paperwork, input computer information, fill out report forms, for copying or faxing whereby your medical condition, diagnosis and treatment may be visible to them in their day to day work.

“If a staff member is asked to copy records that are to be sent to another doctor at your request.”

4. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

5. Required by law. As required by law, we may use and disclose your health information.

6. Public health. As required by law, we may disclose your health information to public health authorities for purposes 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 to medications; and reporting disease or infection exposure.

7. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

8. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
9. Law enforcement. We may disclose your health information 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.
10. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
11. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
12. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.
13. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
14. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
15. Reminders. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
16. Charitable Causes. We may contact you to participate in fund-raising activities for blood drives, food bank raising donations or other charitable entities that we may be involved with to benefit those in need.
17. Change of Ownership. In the event that BCC is sold or merged with another organization, your health information/record will become the property of the new owner.
18. 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.

II. When Budincich Chiropractic Clinic May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, BCC will not use or disclose your health information without your written authorization. If you do authorize BCC to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

[Note: Each of these rights should be explained in enough detail so that the individual understands that each right is not absolute and is subject to some limitations and conditions. While some of these rights have been expanded to include the basic limitations provided under the law, each should be considered in light of the permitted conditions under the law and the organization's actual practices.]

1. You have the right to request restrictions on certain uses and disclosures of your health information. BCC is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location
3. You have the right to inspect and copy your health information.
4. You have a right to request that BCC amend your health information that is incorrect or incomplete. BCC is not required to change your health information and will provide you with information about BCC denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by BCC, except that BCC does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care

operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please circle the areas of concern and give to the front desk receptionist for follow up.

IV. Changes to this Notice of Privacy Practices

BCC reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, BCC is required by law to comply with this Notice.

Revised notices will be posted in the office and given to each new patient as they come in for care.

V. Complaints

Complaints about this Notice of Privacy Practices or how BCC handles your health information should be directed to:

Michael N. Budincich, D.C. in this office.

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

Department of Health and Human Services (DHHS)
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.