

SUMMARY ALLIANCE CHIROPRACTIC NOTICE OF HIPAA PRIVACY PRACTICES

The attached Notice describes how health information about you may be used and disclosed in Alliance Chiropractic (AC) and your rights regarding the use of that information. **Please review this summary and the full Notice carefully.**

Alliance Chiropractic Pledge: Employees of Alliance Chiropractic (AC), its affiliates and contract providers understand that information about you and your health is personal. They are committed to protecting your health information.

Who will follow the rules in this notice: All AC and contract provider employees. AC affiliates must follow these rules.

You have the right to: (please see possible restrictions starting on page 2 in the full notice)

- Ask to see, read, and/or obtain a copy of your health record (charges may be necessary).
- Ask to correct information that you believe is wrong in your health record.
- Ask that your health information not be shared with certain individuals.
- Ask that your health information not be used for certain purposes; for example, research.
- Ask AC to send copies of your health record to whomever you wish (charges may be necessary).
- Be informed about who has read your record (for reasons other than treatment, payment and program improvement purposes).
- Specify where and how AC employees may contact you
- Receive a paper copy of the full Alliance Chiropractic Notice of HIPAA Privacy Practice.

AC may use and disclose your health information to improve your treatment

- To improve the quality of care you receive, health information may be shared by providers within AC and between AC and its contract providers – including health information regarding mental, substance abuse, HIV/AIDS, sexually transmitted diseases (STD), and development disabilities.
- There are circumstances when health information about you will not be shared unless you first give your permission for it to be shared; such as when you receive services in a substance abuse treatment agency.
- See page 3 in the “Alliance Chiropractic Notice of HIPAA Privacy Practices” for more information. If you have concerns about how your health information might be (or has been shared, please speak with your provider or call the AC Privacy Officer directly at (650) 692-2273).

If you believe your privacy rights have NOT been maintained while receiving AC services, you may file a complaint with AC or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with AC, send the complaint to the AC Privacy Officer at 199 California Drive, Suite 100, Millbrae, CA 94030 or call (650) 692-2273. To file a complaint with the Secretary, the address is U.S. Department of Health and Human Services, Office of Civil Rights, Attn: Regional Manager, 50

United Nations Plaza, Room 322, San Francisco, CA 94103. You will not be penalized in any way for filing a complaint.

Signature: _____ **Date:** _____

Printed Name: _____ **Relation (if other than patient)** _____

Patient/Client declined to sign receipt (staff signature): _____

Patient/Client unable to sign (witness signature): _____

Reason unable: _____ **Interpreter:** _____