
Section 7: Notice of Privacy Practices
Simmons Chiropractic Center

Effective April 14, 2003

To our patients. This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. Simmons Chiropractic Center is required by law to maintain the confidentiality of your health information. Simmons Chiropractic Center realizes that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances:

The following circumstances may require us to use or disclose your health information:

1. **Treatment:** to provide, coordinate or manage your health care and related services. Simmons Chiropractic Center may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. Simmons Chiropractic Center may use or disclosure protected health information about your treatment activities of another health care provider.
2. **Payment:** Simmons Chiropractic Center may use or disclose protected health information so that Simmons Chiropractic Center can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, Simmons Chiropractic Center may share details with your health plan concerning the services you are scheduled to receive for payment approval.
3. **Health Care Operations:** Simmons Chiropractic Center may use or disclosure protected health information to allow us to improve the quality of care Simmons Chiropractic Center provides and to reduce health care costs, which may include training programs for our staff.
4. **Cooperating with outside legal entities**
5. **To public health authorities and health oversight agencies that are authorized by law to collect information.**
6. **Lawsuits and similar proceedings in response to a court or administrative order.**
7. **If required to do so by a law enforcement official.**

8. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Simmons Chiropractic Center will only make disclosures to a person or organization able to help prevent the threat.
9. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. To federal officials for intelligence and national security activities authorized by law.
11. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
12. For Workers Compensation and similar programs.

Your rights regarding your health information:

1. Communications. You can request that Simmons Chiropractic Center communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that Simmons Chiropractic Center contact you at home, rather than work. Simmons Chiropractic Center will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that Simmons Chiropractic Center restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. Simmons Chiropractic Center is not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Official: Dr. Jonathan Simmons.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Official: Dr. Jonathan Simmons. You must provide us with a reason that supports your request for the amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time.

To obtain a copy of this notice, contact our Privacy Official: Dr. Jonathan Simmons.

6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Official: Dr. Jonathan Simmons. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

In accordance with the standards of implementation specifications of 45 C.F.R. § 164.524, Provider may grant an individual access to inspect and obtain a copy of protected health information about the individual in a designated record set.

Simmons Chiropractic Center 's policy:

1. The designated record set that is subject to access by an individual is as follows:
 - a. Medical Records
 - b. Billing Records
2. The titles of the persons or offices responsible for receiving and processing requests for access by individuals are as follows:

Privacy Official: Dr. Jonathan Simmons

Simmons Chiropractic Center also uses protected health information for the following reasons: (you may opt out of this authorization). Special initial authorization is required and attached.

Marketing; internal referral board, testimonials, pictures on bulletin board, sending newsletters or information unrelated to healthcare and other marketing materials.

If you have any questions regarding this notice or our health information privacy policies, please contact:

Dr. Jonathan Simmons

You can reach the Privacy Official at:

Simmons Chiropractic Center
7010 West Highway 71, Suite 360
Austin, TX 78735

Phone number: 512-288-5322

Hours Available: A message may be left for our privacy official any time the clinic is open and your call will be returned within 7 business days.

Section 8: Notice of Privacy Practices Acknowledgement
Initial Uses Authorization Form
Simmons Chiropractic Center

Effective: April 14, 2003
Initial Acknowledgement and Uses

By signing this form, you acknowledge that you were presented with a copy of the Notice of Privacy Practices of Simmons Chiropractic Center. Our Notice of Privacy Practices provides information about how we may use and disclose you protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. The most current Notice of Privacy Practices will be placed on display in the office at all times. You may obtain additional copies of our most current notice by requesting it from our privacy official, Dr. Jonathan Simmons.

If you have any questions regarding this notice or our health information privacy policies, please contact:

Dr. Jonathan Simmons

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Hours Available: A message may be left for our privacy official any time the clinic is open and your call will be returned within 7 business days.

Print Patient Name: _____

Signature Patient/Personal Representative: _____

Relationship of Personal Representative: _____

Date of Signature: _____

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Staff complete only if NO signature is obtained, If it is not possible to obtain the patient's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices

Other: _____

Staff Signature: _____ date: _____