

HIPAA & NOTICE OF PRIVACY PRACTICES

Healing Wave Chiropractic, P.C. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide you (as our patient) with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Information

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.

Public Health – As required by law, we may disclose your health information to public health authorities for the 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 infection exposure.

Judicial and Administrative Proceedings – We may disclose your health information in the course of any administrative or judicial proceeding.

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 person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons – We may disclose your health information to coroners or medical examiners.

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 the 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 benefit purposes.

Open-Adjusting Room Policy – This office utilizes an “open-adjusting” environment for ongoing patient care (routine visits only). “Open-adjusting” involves several patients being seen in the same adjusting room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and this is NOT the environment used for taking patient histories, providing examinations or presenting reports of findings – these procedures are completed in a private, confidential setting. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in an open-adjusting environment, other arrangements which may include an additional fee, will be made for you.

Marketing – We may contact you for marketing purposes as described below:

As a courtesy to our patients, we may call or email you the day prior to your scheduled appointment to remind you of your appointment time. We may also call or email to remind you of your missed appointment. If you are not at home, we may leave a message on your answering machine/voicemail or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and the time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

It is our practice to send birthday cards to our patients and periodic newsletters with office news and general useful health information. We may ask you to share your chiropractic success story with others via written testimonial or online review. We will never disclose any health information about your condition for the purpose of personal gain without your permission.

Change of Ownership – In the event that Healing Wave Chiropractic is merged with another organization, your health information/records will become the property of the new owner.

PLEASE CONTINUE READING AND SIGN ON OTHER SIDE →

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 Healing Wave Chiropractic is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through alternative methods or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that Healing Wave Chiropractic amend your protected health information. Please be advised, however, that Healing Wave Chiropractic is not required to agree to amend your protected health information. If your request to mend your health information has been 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 Healing Wave Chiropractic.
- You have the right to a paper copy of this Privacy Policy at any time upon request.

Changes to this Privacy Policy and Our Promise

Healing Wave Chiropractic reserves the right to amend this Privacy Policy at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Healing Wave Chiropractic is required by law to comply with this policy.

Healing Wave 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 our office at (570) 995-1321. Complaints about your privacy rights or how Healing Wave Chiropractic has handled your health information should be directed to this office. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

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

This notice is effective as of July 10, 2014.

“I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Healing Wave Chiropractic with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.”

Printed Name of Patient

Signature of Patient

Date