

Living Roots Chiropractic

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THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THANK YOU.

In the course of your care as a patient of Living Roots Chiropractic we may use or disclose personal or health related information about you in the following ways:

Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment. Your health records may be disclosed to another party, such as an insurance carrier, HMO, PPO, or your employer, if they may be responsible for payment of services provided to you. Your name, address, phone number, and your health records may be used to contact you regarding appointment times, information about alternative to your present care, or other health related information that may be important to you.

If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have the right to confidential communications and to request restrictions relative to such contacts. You also elect to be contacted by alternate means (such as email) or at an alternate location.

You have the right to request restrictions on our use of your protected health information for treatment, payment, and operations purposes. Such requests are not automatic and require the agreement of this establishment.

We are permitted and may be required to use or disclose your health information without your authorization in the following circumstances: 1) if we provide health care services to you in an emergency, 2) if we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so, 3) if there are substantial barriers to communicate with you, but in our professional judgment we believe that you intend for us to provide care, and 4) if we are ordered by the courts or another appropriate agency.

You have the right to receive an accounting of any such disclosures made by this office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. If you provide authorization for release of information, you have the right to revoke that authorization at any time.

Information that we disclose based on the privacy notice may be subject to redisclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

We normally provide information about your health to you in person, at the time chiropractic care is rendered. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information in a specific form, please provide us in writing as to your preference.

You have the right to inspect and/or copy your health information for as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing. We are required by state and federal law to maintain the privacy of your patient files and the protected health information therein, we are also required to provide you with this notice of our privacy practices with respect to your health information. Furthermore, we are required by law to abide by the terms of this notice while it is in effect.

We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible. Any change in our privacy notice will apply for all of your health information in our files.

Contact Dr. Ulloa if you have a complaint or if you would like further information regarding our privacy notice, our privacy practices, or any aspect of our privacy activities.

You also have a right to file a complaint with the Secretary of Department of Health and Human Services. If you choose to file a complaint with this office or with the Secretary, your care will continue and you will not be disadvantaged by this office or our staff in any manner.

This notice is effective as of 1/1/12. Any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received and read a copy of this notice.

Name (please print)

Signature

Date

If you are a minor, or if you are being represented by another party:

Personal Representative (print)

Signature

Date