

# Whole Family Chiropractic

600 E 36<sup>th</sup> Ave, Suite 300 – Anchorage, AK 99503 – P:907.562.3060 – F:907.562.3061 - [wholefamilychiropractic.com](http://wholefamilychiropractic.com)

## Notice of Privacy Practices

*Effective: January 1, 2009*

### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.**

**THIS NOTICE APPLIES TO ALL HEALTH CARE PROVIDERS AT:  
WHOLE FAMILY CHIROPRACTIC, L.L.C., 600 E. 36<sup>th</sup> Ave, Suite 300 ANCHORAGE, AK 99503.**

### **PLEASE READ THIS NOTICE CAREFULLY.**

This notice describes the privacy practices at Whole Family Chiropractic, L.L.C., 600 E. 36<sup>th</sup> Ave, Suite 300, Anchorage, AK 99503. This notice applies to all health records that identify you and the care that you receive here. We are legally required to follow the terms of this Notice. All of the doctors, therapists, and clinic staff here at Whole Family Chiropractic, L.L.C. will follow the terms of this Notice, including Dr. Ryan Dachowski and Dr. Jessica Dachowski.

At Whole Family Chiropractic, L.L.C., we keep records of all of the care that you receive. Not only are we required by law to protect your confidentiality, we are committed to keeping that health information private. However, there are many reasons why we have to use and disclose portions of your health information to other people and this notice is to inform you about the disclosures.

### **HOW WE MAY USE AND DISCLOSE OF YOUR HEALTH INFORMATION**

We will use your health information within Whole Family Chiropractic, L.L.C. and disclose your health information outside of our clinic only for the reasons described in this Notice.

**Treatment:** We will use your health information to provide you with health care services. We may disclose your health information to other doctors or health care providers elsewhere who are also providing you care if the information we have would be of benefit to that doctor. Remember, it would only be to someone else that you are being treated by for your health care, such as other doctors, home care providers, pharmacists, therapists, or family members.

**Payment:** We may use and disclose your health information so that the health care that you receive may be billed and paid for by you, your insurance company, or another third party. Typically, we have to provide information about your diagnosis and the treatment that you received in order to receive reimbursement for our services. Sometimes, we also have to contact your health insurer to obtain approval for treatment prior to providing it.

**Health Care Operations:** This refers to our need to use and disclose your health information for our own operations at Whole Family Chiropractic, L.L.C. Any doctors, staff members, or other employees at Whole Family Chiropractic, L.L.C. who has reason to use or disclose your health information will be able to do so, but only at this location.

These use and disclosures are for purposes such as helping us maintain as high a quality of care as possible, by allowing us to study what services we provide are most helpful and ensuring that all of our staff is working at a high level of quality. It can also help us determine what types of health care services we should consider adding, or to determine what services may be needed.

**Health Related Services:** We may use and disclose health information about you to send you mailings about health-related products and services available at Whole Family Chiropractic, L.L.C.

**Legal Matters:** We will disclose health information you outside of Whole Family Chiropractic, L.L.C. when required to do so by any federal, state, or local law, or by court order. We may be required to disclose health information about you for public health reasons, like reporting deaths, child abuse or neglect, reactions to medications, or problems with medical products. There are also times we may have to release health information to help control the spread of disease or to notify another person whose health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensures.

**Contacting You:** We may use and disclose health information to reach you about your appointments and other matters. We may contact you by mail, telephone, or email. We may leave voice messages at the telephone number that you provide us with, and we may respond to your email address.

We will not disclose your health information for any other reasons without your written authorization. For any other disclosure, such as to your employer, we will need to obtain the written authorization from you before we can make the release. You can revoke any authorization in writing at any time, but obviously we cannot take back any uses or disclosures of your health information already made with your authorization.

**Open Adjusting Rooms:** We keep an open environment in the office to create a sense of warmth, family, healing, and education. During adjustments, we do not go over private information; however, you will be in an open area where others may see you and/or overhear conversation. If there is a need to discuss something of a personal or private nature, you should request an appointment in one of our closed private exam rooms. A doctor or trained staff member will speak with you about your condition or other matters in the closed private exam room.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have several rights regarding your health information. These include:

**A Right to an Accounting:** You may request an accounting, or listing, of those persons to whom Whole Family Chiropractic, L.L.C. has disclosed your health information without your written authorization.

The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting must be in writing, signed, and dated. It must identify the time period of the disclosure and the CCHS facility that maintains the records about which you want the accounting.

We will not list disclosures made before January 1, 2009, or those made more than 6 years before your request. Your request should indicate the form in which you want the list [for example, on paper or electronically]. You must submit your written request to Whole Family Chiropractic, L.L.C., 600 E. 36<sup>th</sup> Ave, Suite 300, Anchorage, AK, 99503.

We will respond to your request within 60 business days.

We will give you the first listing within any 12-month period free-of-charge, but we will charge you for all other accounting requests within the same 12 months.

**A Right to Attend:** If you feel that the health information that we have on record about you is incorrect or incomplete, you have the right to request that we amend your records. A request for amendment must be in writing, signed, and dated. You must tell us exactly the records that you want to amend and give the reason that you think that the records are inaccurate.

Send the request to: Whole Family Chiropractic, L.L.C., 600 E. 36<sup>th</sup> Ave., Suite 300 Anchorage, AK 99503.

We do not have to amend your records as you request, if we believe the record is accurate. If we refuse your request, we will tell you why and explain your options.

**A Right to Inspect and Obtain a Copy of Your Records:** You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could be of harm to you. You may not see or get a copy of the information collected for any legal proceeding. A request to inspect or obtain a copy of the records must be submitted in writing, signed and dated to Whole Family Chiropractic, L.L.C., 600 E. 36<sup>th</sup> Ave., Suite 300, Anchorage, AK 99503. We may charge a reasonable fee for processing your request. If we decline your request to inspect or obtain a copy of the records, you may appeal the denial.

**A Right to Request Confidential Communications:** You have the right to request that we communicate with you about your health in a certain way or at a particular place. For example, you may request that we only contact you at home, or by using email. A request for confidential communications must be in writing, signed and dated. You do not have to tell us why you wish to take advantage of this right. We will accommodate all reasonable requests.

**A Right to a Paper Copy of this Notice.** You have the right to a written copy of this notice at any time.

## CARE PROVIDED IN THE THERAPY BAY

It is the practice of this office to provide therapy and rehabilitation in an “open therapy bay”. An “open therapy bay” involves several patients being seen in the same area at the same time. Patients are within eyesight 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 is not the environment used for taking patient histories, performing examinations, or presenting a review of your findings. These procedures are completed in a private, confidential setting.

We are requesting authorization from you due to various interpretations under law with respect to what is known as incidental disclosure of health information. It is our view that the kinds of matters related in a “therapy bay” environment are incidental matters. In the event that you or someone else would not agree with us, we are providing this disclosure.

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 information. If you choose not to receive therapy in an “open therapy bay”, other arrangements will be made for you. Your decision will have no adverse effect on your care from Whole Family Chiropractic, L.L.C., or in your relationship with our staff.

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization, signed, and dated, to Whole Family Chiropractic, L.L.C., 600 E. 36<sup>th</sup> Ave., Suite 300, Anchorage, AK 99503. Please allow us a reasonable processing time for the change in our procedures to be completed.

### **Complaints:**

If you believe that your privacy rights have been violated, you may file a complaint with Whole Family Chiropractic, L.L.C. or with the Secretary of the US Department of Health and Human Services. To file a complaint with Whole Family Chiropractic, L.L.C. , you simply submit your complaint in writing to the Privacy Officer, Whole Family Chiropractic, L.L.C., 600 E. 36<sup>th</sup> Ave., Suite 300, Anchorage, AK 99503. There will be no penalty for filing a complaint.

If Whole Family Chiropractic, L.L.C. changes this Notice, the changes will apply to all health information that we have, not simply that collected after the change. We will always post a copy of our current **Notice of Privacy Practices** in our office and you can always ask for a copy of our current Notice. The effective date of the Notice will be written at the top of the first page.