

**PATRICK A. TRIBBLE CHIROPRACTIC, INC.  
NOTICE OF PRIVACY PRACTICES**

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

Patrick A. Tribble Chiropractic, Inc. is required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

**Disclosure of Your Health Care Information**

**Treatment:** We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment, or healthcare operations.

- On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Patrick A. Tribble Chiropractic, Inc.
- It is our policy to provide with advance notice a substitute health care provider authorized by Patrick A. Tribble Chiropractic, Inc. to provide assessment and/or treatment to our patients in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situations.
- Please note that we have open front and back office areas. We will make every attempt to keep all your protected health information confidential. If for any reason you need to discuss a private or personal matter in private, please ask to be taken to a private room.

**Payment:** We may use and disclose your health information to obtain payment for services rendered. This includes insurance carriers, attorneys, and collection agencies.

**Workers' Compensation:** We may disclose your health information as necessary to comply with State and Federal Workers' Compensation Laws.

**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 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 disease or infection exposure.
- **Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding in order to comply with a court order or subpoena and for other law enforcement purposes.
- **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 for 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 benefits purposes.
- **Correspondence:** As a courtesy to our patients it is the policy of this office to provide you with an appointment confirmation call and to contact you if you have missed a scheduled appointment. If you are not at home, we will leave a message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the scheduled appointment date and time; or in the case of a missed appointment, that you will need to call the office to reschedule your appointment.
- **Marketing:** It is also the policy of this office to send welcome and thank you notes, and newsletters.

**Change of Ownership**

In the event that Patrick A. Tribble Chiropractic, Inc. is sold or merged with another organization, your health information/records will become the property of the new owner, unless this office receives written instructions from the patient to the contrary.

**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 Patrick A. Tribble Chiropractic, Inc. is not required to agree to the restrictions that you request.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have a right to request that Patrick A. Tribble Chiropractic, Inc. amend your protected health information. Please be advised, however, that Patrick A. Tribble Chiropractic, Inc. is not required to agree to amend your protected health information. If your request to amend 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 a right to receive an accounting of disclosures of your protected health information made by Patrick A. Tribble Chiropractic, Inc.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.
- Patrick A. Tribble Chiropractic Inc. will retain your health information/records for a period of 7 years from the last treatment date, whereupon said records will be destroyed. In the event that the patient elects to retain said records, upon written authorization Patrick A. Tribble Chiropractic, Inc. will arrange for the patient to pick up said records at a mutually agreeable time during normal business hours within a week. Said written authorization is to be received no later than 7 business days from the 7<sup>th</sup> anniversary from the last date of treatment.

**Changes to this Notice of Privacy Practices**

Patrick A. Tribble Chiropractic, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the provisions effective for all information that it maintains. Until such amendment is made, Patrick A. Tribble Chiropractic, Inc. is required by law to comply with this Notice.

Patrick A. Tribble Chiropractic, Inc. 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 questions about any part of this Notice, or if you want more information about your privacy rights, please contact: Patrick A. Tribble, D.C. by calling this office at 510-525-4825. If Patrick A. Tribble, D.C. is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

**Complaints**

Complaints about your Privacy Rights or how Patrick A. Tribble Chiropractic, Inc. has handled your health information should be directed to Patrick A. Tribble, D.C. by calling this office at 510-525-4825. If Patrick A. Tribble, D.C. is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

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 April 14, 2003.

I have read the Privacy Notice and understand my rights contained in the Notice. By way of my signature, I provide Patrick A. Tribble Chiropractic, Inc. with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in the Privacy Notice.

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date

Patient acknowledges that patient has received a copy of the Patrick A. Tribble Chiropractic, Inc. Notice of Privacy Practices but refuses by way of patient's signature to provide patient's authorization and consent to use and disclose patient's health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_