



## **PRIVACY PRACTICES**

This notice describes how health care information about you may be used and disclosed and how you can get access to this information.

Pacific Life Chiropractic is committed to preserving the privacy and confidentiality of your health care information that is created and maintained at our office. This describes the ways in which we may use or disclose your health care information and also describes your rights and our obligations concerning such uses or disclosures.

The privacy practices described will be as follows,

Any health care professional authorized to enter information into your record created and maintained at our office,

All employees, students, residents and other service provider, who have access to your health information at our office,

Or any member of a volunteer group that is allowed to help you while receiving services at our office.

The individuals identified above will share your health care information with each other for purpose of treatment, payment, and care operations as further described in the notice.

### **Uses and disclosures of health care information for treatment, payment, and health care operations.**

Treatment-We may use your health care information to provide you with health care treatment and services. We may disclose your health care information to doctors, nurses, nursing assistants, technicians, medical and nursing students, rehabilitation therapy specialist or other personnel who are involved in you care.

Payment-We may use or disclose your health care information so that we may bill and receive payment from you, an insurance company, and or another third party for the health care services you received from us. We may also disclose health care information about you to your health plan in order to obtain prior approval for services we intend to provide to you, or to determine that your health plan will pay for treatment.

Healthcare Operations-We may use or disclose your health care information in order to perform the necessary administrative, educational, quality assurance, and business functions of our office.

### **Uses and disclosures of health care information in special situations.**

We may disclose your health care information:

- for purpose of contacting you to confirm your chiropractic care appointments.
- for purpose of contacting you to inform you of treatment alternative or health related products or services that may be of interest to you.

- to individuals, such as family members and friends who are involved in your care or who help pay for your care. We may make such disclosures when:
  - We have your verbal agreement to do so,
  - We make such disclosures and you do not object,
  - We can infer from the circumstances that you would not object to such disclosures.

We may disclose health care information when authorized or necessary to comply with laws relating to workman's compensation or other similar programs.

As required by law, we may disclose your health care information when required by federal state or local law to do so without your consent.

We may disclose your health care information to public health authorities that are authorized to receive and collect health care information for purpose of preventing or controlling disease, injury or disability, to report birth deaths, suspected abuse or neglect, reactions to medications or to facilitate product recalls without your consent.

We may disclose your health care information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons or similar process.

### **You have a right to:**

Look at or get copies of certain parts of your health care information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the chiropractic assistant (CA) for the form needed to request access.

There may be charges for copying and for postage if you want copies mailed to you. Ask the CA about our fee structure.

You may receive a list of all the times, we or our business associates, shared your medical information for purpose other than treatment, payment, and chiropractic care operations and other specific exceptions.

### **Request that we communicate with you about your health care information by different means or to different locations.**

Request that we change certain parts of you health care information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and include the changes in any future sharing of that information.

If you have any questions about this notice, please ask the CA to schedule an appointment with one of the doctors. If you think that we may have violated your privacy rights, you may speak to one of our doctors and submit a written complaint.

**If you have any questions regarding this notice or believe that your privacy rights have been violated, please contact:**

**Cil Davis, CA**  
**761 S. Marine Corps Drive Ste A-6**  
**Tamuning, GU 96913**  
**Tel: (671) 649-9355 / (671) 649-2225 Fax: (671) 649-9255**