

Witt Chiropractic
1945 Palo Verde Avenue #100
Long Beach, CA 90815
(562) 354-0729

NOTICE OF PRIVACY PRACTICES

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

Dr. Sarah B. Witt, D.C. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide patients with notice of legal duties and privacy practices with respect to your protected health information.

Disclosure of Health Care Information

Treatment

Your healthcare information may be disclosed to other healthcare professionals within the practice for the purpose of treatment, payment or healthcare operations. Example:

“On occasion, it may be necessary to seek consultation regarding your condition from other healthcare providers.”

“It is our policy to provide a substitute health care provider, authorized by Dr. Sarah B. Witt, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”

Payment

We may disclose your health information to your insurance provider for the purpose of payment or healthcare operations. Example:

“As a courtesy to patients, an itemized billing statement will be submitted to your insurance carrier for the purpose of payment to Dr. Sarah B. Witt, D.C. for healthcare service(s) rendered. If you pay for your healthcare services personally, itemized billing may be provided to your insurance carrier, as a courtesy, for the purpose of reimbursement to you. The billing statement contains medical information including diagnosis, date of injury or condition, and codes which describe the healthcare services received.”

Workers’ Compensation

Your health information may be disclosed, as necessary, to comply with State Workers’ Compensation Laws.

Emergencies

Your health information may be disclosed 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 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.

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Judicial and Administrative Proceedings

Your health information may be disclosed in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to a law enforcement official 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.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

Your health information may be disclosed to researchers conducting research that has been approved by an Institutional Review Board.

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.

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 Dr. Sarah B. Witt is not required to agree to the restriction 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 the right to inspect and/or copy your health information.
- You have a right to request that Dr. Sarah B. Witt amend your protected health information. Please be advised that Dr. Sarah B. Witt 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 denial reason(s) and information on how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Dr. Sarah B. Witt.
- You have a right to a paper copy of this Notice of Privacy Practices at any time, upon request.

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Changes to this Notice of Privacy Practices

Dr. Sarah B. Witt reserves the right to amend this Notice of Privacy Practices at any time, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dr. Sarah B. Witt is required by law to comply with this Notice.

Dr. Sarah B. Witt 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 the office, you may make an appointment for a personal conference in person or by telephone within two (2) working days.

Complaints about your Privacy rights or how Dr. Sarah B. Witt has handled your health information should be directed to Dr. Sarah B. Witt, D.C. by calling the office. If Dr. Sarah B. Witt, D.C. is not available, you may make an appointment for a personal conference in person or by telephone within two (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 09/01/2001. I have read the Privacy Notice and understand my rights contained within the notice.

By way of my signature, I provide Dr. Sarah B. Witt with authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Patient's Name (Print)

Patient's Signature

Date

Doctor's Signature

Date