

RADIX CHIROPRACTIC, LLC

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.

Radix Chiropractic 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 practice with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

We disclose your healthcare information to other healthcare professionals within our 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 health care providers associated with Radix Chiropractic.”

“It is our policy to provide a substitute health care provider, authorized by Radix Chiropractic to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situations.”

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. (example)

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Radix Chiropractic for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier 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 health care services received.”

Open Adjusting

This office utilizes an “open adjusting” environment for ongoing patient care. “Open adjusting” involves patients within sight 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, providing examinations or presenting report of findings. These procedures are completed in a private, confidential setting. 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 care and health information. If you choose not to be adjusted in an open environment, other arrangements will be made for you.

Worker's Compensation

We may disclose your health information as necessary to comply with the State 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 information or in the event of an emergency or your death.

Public Health

As required by law, we may disclose your health information to the 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.

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 coroner's or medical examiners.

Organ Donation

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

Research

We may disclose your health information 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 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 benefit purposes.

Marketing

We may contact you for marketing purposes or fundraising purposes, as described below:

"We often take pictures of our patients and display them around the office or keep them in a scrapbook which is kept in the waiting area."

"We may at times send to our patients' homes office newsletters, notices of our upcoming events or changes in normal office hours or procedures and birthday letters."

"In the event a patient hasn't been into the office for a period of time, we may attempt to contact said patient through a phone call or written correspondence."

"It is our practice to participate in charitable events to raise awareness, food donations, gifts, money etc. During these times, we may send you a letter, postcard, invitation, or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Radix Chiropractic sponsored fundraising events."

Change of Ownership

In the event that Radix Chiropractic is sold or merged with another organization, your health information/record will become the property of the new owner.

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 Radix Chiropractic is not required to agree to the restriction that you requested.
- 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 copy your health information.
- You have a right to request Radix Chiropractic amend your protected health information. Please be advised, however, that Radix Chiropractic 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 the right to receive accounting of disclosures of your protected health information made by Radix Chiropractic.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

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

Radix Chiropractic 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: Dr. Ryan Betz by calling this office at 719-573-1007. If Dr. Betz 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 November 9th 2021.

I have read the Privacy Notice and understand my rights contained in this notice.

By way of my signature, I provide Radix Chiropractic 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.

Patients Name

Patients Signature

Date

Authorized Facility Signature

Date