

Notice of Privacy Practices
McFarland Chiropractic Group, Inc.
1216 E. Yorba Linda Blvd.
Placentia, CA 92870
714-572-9999

Protecting Your Confidential Health Information Is Important To Us

This notice describes how health information about you may be used and disclosed at **McFarland Chiropractic Group, Inc.** and how you can get access to this information. Please review it carefully.

Our Promise!

Dear Patient:

This is not meant to alarm you! Quite the opposite! It is our desire to communicate to you that we are taking the new Federal (HIPPA- Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

So what has changed?
Why a privacy policy now?
Very good questions!

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valued patient.

We will use and communicate your HEALTH INFORMATION only for the purpose of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

Patient Acknowledgement

Thank you very much for taking time to review how we are carefully using your PROTECTED HEALTH INFORMATION. If you have any questions we want to hear from you. If not we would appreciate very much your acknowledging your receipt of our Notice of Privacy Practices by signing and returning this form. We look forward to seeing you again soon!

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES FOR MCFARLAND CHIROPRACTIC, INC. WITH AN EFFECTIVE DATE OF APRIL 14, 2003.

Patient Name (Printed)

Patient Signature

Date Signed

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ORGANIZED HEALTH CARE ARRANGEMENT

This Practice includes the health care providers whose names appear at the top of this Notice. Although they share office space, medical personnel, office staff, equipment and supplies, they are not legally related, in that they are not partners, owners, or employees with or of each other. However, for purposes of compliance with the HIPAA Privacy Rules, they are deemed to be an Organized Health Care Arrangement, which means: that they operate as an integrated unit; that they will share protected health information in order to carry out treatment (including coverage for each other), payment for treatment and health care operations; that this Notice is provided as a joint notice made by each of them; and, that each of them will abide by the terms of this Notice.

POLICY STATEMENT

This Practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from the Practice and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Practice, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

The Practice may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Practice. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED

To Provide Treatment

We will use your PROTECTED HEALTH INFORMATION within our Practice to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between chiropractic assistant, massage therapist, physical therapist, physician and business office staff. In addition, we may share your health information with referring physicians, clinical and pathology laboratories, pharmacies or other health care personnel providing your treatment.

To Obtain Payment

We may include your PROTECTED HEALTH INFORMATION with an invoice used to collect payment for treatment you receive in our Practice. We may do this directly or through a billing service with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your PROTECTED HEALTH INFORMATION may be used in order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to provide quality and efficient care, it may be necessary for the Practice to compile and/or disclose your PHI during performance evaluation of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our Practice. As a result, health information may be included in the training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

In Patient Reminders

Because we believe regular care is very important to your general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventive and curative care modern medicine can provide. These communications may include the following: postcards, folding postcards, letters, newsletters, flyers, telephone reminders (the practice may leave you a message if you are not available) or electronic reminders such as email and/or fax (unless you tell us that you do not want to receive these reminders).

Abuse, Neglect or Domestic Violence

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

Public Health and National Security

We may be required to disclose to Federal officials or military authorities your PROTECTED HEALTH INFORMATION necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

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Federal Drug Administration

We may disclose your PROTECTED HEALTH INFORMATION if required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

For Law Enforcement

As permitted or required by State or Federal law, we may disclose your PROTECTED HEALTH INFORMATION to a law enforcement official for certain law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Practice; and (6) a medical emergency (not on the Practice's premises) has occurred, and it appears that a crime has occurred.

Family, Friends, Caregivers or Personal Representatives

We may share your PROTECTED HEALTH INFORMATION with those you tell us will be helping you with your home hygiene, treatment, medication, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

Health Oversight Activities

Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.

Judicial and Administrative Proceeding

The Practice may be required to disclose your PROTECTED HEALTH INFORMATION in response to a court order or a lawfully issued subpoena.

To Coroners, Funeral Directors and Medical Examiners

We may be required by law to provide information to coroners, funeral directors and medical examiners for the purpose of determining a cause of death and preparing for a funeral.

Organ, Eye or Tissue Donation

We may disclose your PROTECTED HEALTH INFORMATION, if you are an organ donor, to the entity to whom you have agreed to donate your organs.

Specialized Government Functions

When the appropriate conditions apply, the Practice may use PROTECTED HEALTH INFORMATION of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The Practice may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

Inmates

The Practice may disclose your PROTECTED HEALTH INFORMATION to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

Workers' Compensation

If you are involved in a Workers' Compensation claim, the Practice may be required to disclose your PROTECTED HEALTH INFORMATION to an individual or entity that is part of the Workers' Compensation system.

Business Associate

We may disclose your PROTECTED HEALTH INFORMATION to a business associate which is someone who the Practice contracts with to provide a service necessary for your treatment, payment for your treatment and health care operations such as billing service or transcription service. The Practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.

Disaster Relief Efforts

The Practice may use or disclose your PROTECTED HEALTH INFORMATION to a public or private entity authorized to assist in disaster relief efforts.

Medical Research

Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study of health histories as a part of a research study will happen only under the ethical guidance, requirements and approval of an Institutional Review Board.

Required by Law

If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

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Authorization to Use or Disclose Health Information

Other than is stated above or where Federal, State, or Local law requires us, we will not disclose your PROTECTED HEALTH INFORMATION other than with your written authorization. You may revoke that authorization in writing at any time.

PATIENT RIGHTS

This new law is careful to describe that you have the following rights related to your PROTECTED HEALTH INFORMATION.

Restrictions

You have the right to request restrictions on certain uses and disclosures of your PROTECTED HEALTH INFORMATION. Our practice will make every effort to honor reasonable restriction preferences from our patients. However, the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.

Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your PROTECTED HEALTH INFORMATION privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy Your Protected Health Information

You have the right to read, review, and copy your PROTECTED HEALTH INFORMATION, including your complete chart, x-rays and billing records. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed. The Practice has 30 days to respond to your request. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request.

Amend Your Protected Health Information

You have the right to ask us to update or modify your records if you believe your PROTECTED HEALTH INFORMATION records are incorrect or incomplete. We will be happy to accommodate you as long as our Practice maintains this information. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice has 60 days to respond to your request. The Practice may deny your request if it is not in writing, if you do not provide a reason and support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you have the right to submit a written statement of disagreement.

Documentation of Protected Health Information

You have the right to ask us for an accounting of how and where your PROTECTED HEALTH INFORMATION was used by our practice for any reason other than treatment, payment or health care operations. To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period which may not be longer than six years and may not include the dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12-month period will be free, but the Practice may charge you for the cost of providing additional lists in that same 12-month period. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our Practice at any time. Stop by or give us a call and we will mail or email a copy to you.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue, S. W., Room 509F HHH Building, Washington, D.C. 20201. Or you may contact a regional office of the Office of Civil Rights, which can be found at www.hhs.gov/ocr/regmail.html. To file a complaint with our Practice, you must contact the Practice's Privacy Officer. All complaints must be in writing.

To obtain more information on, or have your questions about your rights answered, you may contact the Practice's Privacy Officer, Dr. Lorne S. McFarland, D.C., at McFarland Chiropractic Group, Inc., 1216 E. Yorba Linda Blvd. Placentia, CA 92870, phone 714-572-9999 or via email at mcfarlandchiropractic@yahoo.com.

Effective Date: This Notice is effective as of April 14, 2003