



# Tuttle Chiropractic Center, P.S.

## *Notice of Privacy Practice*

**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.**

The information privacy practices in this notice will be followed by:

- Any health care professional that treats you in our office.
- All departments and units including the Billing Department.
- All full, part time, or contractual employees, including students affiliating with any of our clinics.
- Any business associate or partner of *Tuttle Chiropractic Center, P.S.* with whom we share health information.

**Our pledge to you:** We value you as a patient and appreciate the opportunity to serve you. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. By law, we are required to:

- Keep medical information about you private.
- Give you this notice or our legal duties and privacy practices.
- Follow the terms of the notice that is currently in effect.

**Changes to this notice:** We may change our policies at any time. Changes will apply to medical information we already hold and to the future information after the change occurs. Before we make significant change to our policies, we will alter our notice and post the new notice for public view in our office. You can receive a copy of the notice at any time. You will also be asked to acknowledge in writing your receipt of this notice.

**How we may use and disclose your personal medical information:** We may use and disclose medical information about you for any purpose regarding your **treatment, to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare), and **for health care operations** (such as comparing practice patterns to improve treatment methods).

- We may use and disclose medical information about you **without** your prior authorization for several other reasons, subject to certain requirements: for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, worker's compensation purposes, and emergencies**. We also disclose medical information when **required by law** (such as in response to valid judicial or administrative orders).
- We also may contact you for **appointments reminders**, or to tell you about or recommend **possible treatment options, alternatives, health related benefits, or durable medical goods** that may be of interest to you.
- We may disclose medical information about you to a **friend or family member who is involved with your medical care**.

**Other uses of medical information:** We will ask for your written authorization before using or disclosing medical information about you in any other situation not covered by this notice. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing.

**Your rights regarding personal medical information:** In most cases you have **the right to look at or get a copy of medical information** that we use to make decisions about your care, after submitting a written request. We may charge a

fee for the cost of copying, mailing, or related supplies. If we deny your request to review or obtain a copy of your medical record, you may submit a written request for a review of that decision.

- If you think that information in your record is incomplete or incorrect **you have the right to request that we correct the records** by submitting a written request. We would deny the request when the information was not created by us, not part of the information maintained by us, or if the record was accurate. You may appeal in writing, a decision not to amend your record.
- **You have the right to a listing of those instances where we have disclosed medical information about you**, other than for treatment, payment, or health care operations or where you specifically authorize the disclosure. You must submit a written request stating the time period desired for the accounting, which must be less than a six-month period starting after April 14, 2003. The first disclosure list in a 12-month period is free.
- You have a **right to a paper copy of this notice**.
- You **have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing.
- **You may request in writing that we not use or disclose your medical information** for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. **We are not legally required to accept your request**, but will consider it and inform you of our decision.

All written requests or appeals should be submitted to Dr. Tuttle.

**Complaints:**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact Dr. Tuttle at 1205 2<sup>nd</sup> Avenue, Suite 120, Seattle, WA 98101.

- Finally, you may send a written complaint to the U.S. Department of Human Services Office of Civil Rights. We will be happy to provide the address.
- Under no circumstances will you be retaliated against or penalized in any way.

**ACKNOWLEDGEMENT**

By subscribing my name below, I acknowledge receipt of a copy of this Notice, and my understanding and my agreement to its terms.

\_\_\_\_\_  
Patient name printed

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date signed