



Dr. Byung K. Cha

CHA FAMILY CHIROPRACTIC

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.

Cha Family 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 practices with respect to your protected health information.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment : We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment : We may use and disclose your health information to obtain payment for services we provided to you.

Your Authorization : You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends : We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care : We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

Abuse or Neglect : We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security : We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counter-intelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

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.

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.

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.

Specialized Government Agencies : We may disclose your health information for military, national security, prisoner and government benefits purposes.

Appointment Reminders : We may use or disclose your health information to provide you with appointment reminders (such as voice messages, postcards, or letters).

Marketing : We will not use your health information for marketing communications without your written authorization.

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

YOUR HEALTH INFORMATION RIGHTS

Access : You have the right to inspect and copy your health information.

Disclosure Accounting : You have a right to receive an accounting of disclosures of your protected health information made by Cha Family Chiropractic.

Restriction : You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Cha Family Chiropractic is not required to agree to the restriction that you requested.

Alternative Communication : 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.

Amendment : You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

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

COMPLAINTS

Complaints about your Privacy rights, or how Cha Family Chiropractic has handled your health information should be directed to Byung Kwon Cha by calling this office at 651-631-0093. If Byung Kwon Cha is not available, you may make an appointment for a personal conference in person or by telephone.

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 June 18, 2003