

Advanced Chiropractic
9212 Evergreen Way
Everett, WA 98204

NOTICE OF PRIVACY PRACTICES

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

Drs. Beasley respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, and treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations:

For treatment:

- *Information obtained by a chiropractic assistant, physician or other member of our health care team will be recorded in your health record and used to help decide what care may be right for you.
- *We may also provide information to others providing you care. This will help them stay informed about your care.

For Payment:

- *We request payment from your health insurance plan. Health plans need information from us about your health care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care.

For Health Care Operations:

- *We use your health records to assess quality and improve services.
- *We may use and disclose health record to review the qualifications and performance of our health care providers and to train our staff.
- *We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- *We may contact you to raise funds.
- *We may use and disclose your information to conduct or arrange for services, including:
 - health quality review by your health plan
 - accounting, legal, risk management, and insurance services
 - audit functions, including fraud and abuse detection and compliance programs.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- *Receive, read and ask questions about this notice
- *Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted.
- *Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information
- *Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- *Have us review a denial of access to your health information-except in certain circumstances.
- *Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your health record, and included with any release of your records.
- *When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in a 12 month period.
- *Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing.
- *Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact: Dr. Christine Beasley at 425-353-7246.