

# Meakim & Stern Family Spinal Care

## 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.**

State and Federal Law requires us to maintain the privacy of your health information and to inform you about our privacy practices as described below. This notice took effect on September 25, 2003 and will remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make significant changes, this notice will be amended to reflect the changes and will make the new notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our privacy notice at any time by contacting our office. Information on contacting us can be found at the end of this notice.

### **Typical Uses And Disclosures of Health Information**

We will keep your information confidential, using it only for the following purposes:

**Treatment:** We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care.

**Health Care Operations:** The environment in which care is provided is not completely enclosed. Thus, some incidental details about your care may be disclosed. In addition, your doctor may discuss your case and/or X-rays with another doctor in the office in order to provide the best care possible.

**Disclosure:** We may disclose and/or share your health with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy similar to this one. Health information may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree we may do so.

**Payment:** We may use your health information to seek payment for services we provide to you. This disclosure involves our business and may include other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

**Emergencies:** We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care.

**Required by Law:** We may use or disclose your health information when we are required to do so by law. This includes court orders, subpoena or other lawful process.

**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.

**Public Health Responsibilities:** We will disclose your health information to report problems with products, disease/infection exposure and to prevent or control disease, injury and/or disability.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders, included but not limited to, voicemail messages, postcards or letters.

**Promotions and Marketing:** We may use your information to send newsletters and/or notices of special promotions or events related to the office.

Please read and sign on other side →

# Your Privacy Rights as our Patient

**Access:** Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our office for a copy of the request form. You may also request access by sending us a letter to the address at the end of this notice. Once approved, an appointment can be made to review your records. Copies, if requested, will be \$.25 for each page.

**Amendment:** You have the right to amend your health care information if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these, but if we do, we will abide by our agreement (except in emergencies). Please contact our office if you want to further restrict access to your health care information. This request must be submitted in writing.

This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature requires that I have received a copy of this notice.

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Name (please print)

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Signature

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Date

If you are a minor, or if another party is representing you, this notice must be acknowledged by a party authorized to act on your behalf.

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Name of Personal Representative (please print)

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Signature

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Date

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Description of authority to act on behalf of the patient.

## Questions and Complaints:

You have the right to file a complaint if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our office. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health care information, you can complain to us (in writing). We support your right to privacy and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## How to contact us:

Practice Name: **Meakim & Stern Spinal Care**  
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