



## **Your Information. Your Rights. Our Responsibilities.**

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.**

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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## Your Rights *continued*

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

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**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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*We do not create or maintain psychotherapy notes in our practice.*

*As a service to our Practice Members we provide appointment confirmation messages via voicemail, text or email. There are also occasions when these communication modes will be used for such purposes as sending you information about your care or to inquire about your condition. These electronic communication tools will not be used for highly sensitive or confidential information. It is important to realize however that these communications are not completely secure from interception. If you prefer that we only contact you via phone, mail or fax please let us know.*

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*Effective Date: 12/31/2019*

**This Notice of Privacy Practices applies to the following organizations.**

*Family Chiropractic Center, Inc.  
Optimal Health Center, LLC*

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*Privacy Official: Leila McDonald (512) 347-8033 info@famchiro.com*

# Informed Consents

## *Family Chiropractic Center, Inc.*

### *Optimal Health Center, LLC*

#### **This Notice Describes Our Policies And Consents Regarding Examination, Treatment, Financial Responsibility And Appointment Scheduling.**

#### **1. Informed Consent to Chiropractic Evaluation and Treatment**

Chiropractic treatments, including spinal adjustments, have been the subject of government reports and multi-disciplinary studies conducted over many years and have been demonstrated to be highly effective treatment for conditions causing spinal pain, headaches, and various other symptoms. Chiropractic care contributes to your overall well-being. *The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.*

Although the spinal manipulation/adjustment is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, we want to inform you there are possible risks and complications associated with these procedures as follows:

- a) Like exercise, it is common to experience muscle soreness following the first few treatments.
- b) While rare, some patients have experienced rib fractures, muscle strains and/or ligament sprains following spinal adjustments. In isolated cases underlying physical defects, deformities or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disk, or other abnormality is detected, we will proceed with extra caution.
- c) Disc injuries have also been reported occasionally. No scientific study has ever demonstrated however that such conditions are caused by chiropractic adjustments.
- d) Although strokes happen with some frequency in our world, strokes from chiropractic adjustments are rare. Nerve or brain damage including stroke is reported to occur once in one million to once in ten million chiropractic treatments.

#### **2. Informed Consent to Appointment Scheduling Policies**

We will schedule appointments based on anticipated needs of the visit.

Should you have a new injury or condition, we request that you communicate this to receptionist in advance of your appointment to allow for adequately scheduled time to care for your needs.

If you discover that you are not able to make a scheduled appointment, please notify our office at the earliest possible opportunity, so that this time can be made available to other patients. **If you miss an appointment or fail to provide twenty-four hours notice prior to cancelling or rescheduling an appointment, you will be responsible for paying for that appointment in full, as missed appointment fees are not covered by my insurance.**

#### **3. Informed Consent to Communication Practices**

We utilize email and text to schedule and confirm appointments. We will occasionally use the voicemail features of your telephone to leave messages for you. We will not use these means of communication for anything we believe is of a sensitive personal or clinical nature unless pre-approved by you. With your prior approval we will use these methods to communicate or send documents to you or to a person you designate.

#### **4. Advance Beneficiary Notification of Non-Covered Services**

Chiropractic care employs natural methods for the diagnosis and treatment of health conditions as well as for supporting optimal health states. Most people know chiropractic addresses structural or musculoskeletal problems of the back and neck. Yet it has a much greater range of effectiveness. Chiropractic adjustments interact and communicate with your nerve system, the control center for all the functions of your body. Chiropractic utilizes manual therapy with the intent of reducing nervous system stress and dysfunction. Our **Optimal Health Center** services also include health and lifestyle counseling, exercises and nutrition.

***Health Insurance Limitations: Chiropractic services related to wellness or health maintenance are not covered by insurance. And, because some of our services are relatively new, health insurance policies term them 'investigational' or 'experimental' and do not cover them. We thus want to give you advance notice of the items that will not be billed to insurance and will remain your personal responsibility.***

**Wellness, Maintenance and Supportive Care Services:** Insurance policies cover chiropractic care related to the treatment of acute symptomatic conditions or acute exacerbations of chronic conditions. They specifically deny chiropractic reimbursement related to wellness or health maintenance. Nonetheless, periodic visits when you are not acutely ill permit us to identify and reduce dysfunction at an early stage. This care assists you in maintaining an optimum state of well-being and minimizes the onset of health problems. Since these services are not the result of a specific symptom or disease, insurance does not cover them.

**Neuro-Muscular Reflex Assessment / Muscle Priority Analysis:** An exceptional aspect of our chiropractic approach is the utilization of manual muscle testing for treatment priority determination. This means of assessing neurological function allows us to communicate with your nervous system via a form of 'manual biofeedback'. These sensory inputs to the nerve system thus alter function. In our office we specialize in this priority muscle testing, and it will be used in most of your visits. Since it is considered 'investigational', fees for this service will not be submitted to insurance.

**Neuro-Diagnostic Scans:** Locating and quantifying areas of neurologic stress is a key focus of our diagnostics. We utilize thermography, surface electromyography, heart rate variability and skin galvanic readings for initial assessment and progress examinations. Insurance companies do not currently cover this suite of tests. Thus, you will be personally responsible for the cost of these examinations.

**Nutritional, Herbal and Homeopathic Therapy:** There are a myriad of health problems that plague modern society due to poor nutrition and excessive environmental stress. Even if you pay reasonable attention to your lifestyle, you may still have problems resulting from these stressors. This complicates and slows the healing process. If we determine such is the case, we will utilize a variety of natural substances to support your healing and ongoing wellbeing. None of these tests or supplies are reimbursable by insurance.

**Purification and Detoxification:** We are exposed to external toxins everyday. These include pollutants, pesticides, and chemicals. Internally you produce waste byproducts as a result of normal metabolic function. Although your body is designed to rid itself of these toxins naturally, it can become overburdened. We offer purification programs to provide additional support to expel natural toxins and normalize your weight.

**Functional Endocrinology:** Your endocrine system is composed of a series of glands that release hormones. These chemical messengers communicate information to other tissues and cells, telling them how to respond. When this system is not working properly you will manifest problems such as fatigue, adrenal stress, thyroid or blood sugar imbalances and menopausal distress. We utilize laboratory tests and symptom survey instruments to evaluate your endocrine system. If imbalances exist we will recommend protocols of lifestyle changes, nutrition, herbs and bio-identical hormones.

This notice was published and becomes effective on December 31, 2019

**Questions:** Contact our Privacy Official

Leila McDonald (512) 347-8033 info@famchiro.com
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