

HIPAA NOTICE OF OUR PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can obtain access to your individually identifiable health information.

Note the the terms “practice” and “staff” means to include both the practices and staffs of the Offices of Dr. Jack R. Giangiulio, D.C. and the Newport Back & Sports Institute.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information. In conducting our business, we will create records regarding you and your treatment and the services we provide for you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your healthcare information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your health information
- Your privacy rights in your health information
- Our obligations concerning the use and disclosure of your health information

The terms of this notice apply to all records containing your health information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time. You may also download a copy of this notice from our office website, <http://www.danceinjurydoctor.com>.

B. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your healthcare information.

1. Treatment

Our practice may use your health information to make decisions about the provision, coordination or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. Your health information will be shared with the necessary members of our staff in order to provide you with appropriate treatments, for example this may include doctors, massage therapists, assistants and other staff members. It may also be necessary to share your health information with another health care provider whom we need to consult with in respect to your care. Additionally, we may need to disclose your healthcare information to others who may assist in your care, such as your spouse, significant other, children, or parents. These are only examples of uses and disclosures of medical information for treatment purposes that may or may not be necessary in your case.

2. Payment

Our practice and staff may use and disclose your healthcare information in order to obtain reimbursement from you, from your health-insurance carriers, or from a third party, such as family members or insurance companies, for our services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement. This information may also be used for billing, claims management and collection purposes, and related healthcare data processing through our systems.

3. **Health Care Operations**

Our practice may use and disclose your healthcare information to operate our business. Your healthcare information may be used in our business planning and development operations, including improvements in our methods of operation, quality control of care, and general administrative functions. We may also use the information in our overall compliance planning, healthcare review activities, and arranging for legal and auditing functions.

4. **Appointment Reminders**

Our practice may use and disclose your healthcare information to contact you or a family member who answers the phone (or to leave a recorded message) to remind you of an upcoming appointment, or to schedule you an appointment, or to inform you that you missed appointment.

5. **Treatment Options**

Our practice may use and disclose your healthcare information to inform you of potential treatment options or alternatives.

6. **Health-Related Benefits and Services**

Our practice may use and disclose your healthcare information to inform you of health-related benefits or services that may be of interest to you.

7. **Release of Information to Family/Friends**

Our practice may release your healthcare information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to our office for care. In this example, the babysitter may have access to this child's medical information.

8. **Disclosures Required by Law**

Our practice will use and disclose your healthcare information when we are required to do so by federal, state, or local laws.

C. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks

Our practice may disclose your healthcare information to public health authorities that are authorized by law to collect information for the purpose of:

- * Maintaining vital records, such as births and deaths
- * Reporting child abuse or neglect
- * Preventing or controlling disease, injury or disability
- * Notifying a person regarding potential exposure to a communicable disease
- * Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- * Reporting reactions to drugs or problems with products or devices
- * Notifying individuals if a product or device they may be using has been recalled
- * Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- * Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities

Our practice may disclose your healthcare information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings

Our practice may use and disclose your healthcare information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your healthcare information in response to discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. In general, we will require that the party that requests your records to provide a records-release form, signed by you within the last 3 months.

4. Law Enforcement

We may release healthcare information if asked to do so by a law enforcement official:

- * Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- * Concerning a death we believe has resulted from criminal conduct
- * Regarding criminal conduct at our offices
- * In response to a warrant, summons, court order, subpoena or similar legal process
- * To identify/locate a suspect, material witness, fugitive or missing person
- * In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator).

5. Deceased Patients

Our practice may release healthcare information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organs and Tissue Donation

Our practice may release your healthcare information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation in you are an organ donor.

7. Research

Our practice may use and disclose your healthcare information for research purposes in certain limited circumstances. We will obtain your written authorization to use your healthcare information for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a research that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your healthcare information is being used only for the research and (iii) the researcher will not remove any of your healthcare information from our practice; or (c) the healthcare information sought by the research only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research, and if we request it, to provide us with proof of death prior to access to the healthcare information of the decedents.

8. Serious Threats to Health or Safety

Our practice may use and disclose your healthcare information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military

Our practice may disclose your healthcare information if you are member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security

Our practice may disclose your healthcare information to federal officials for intelligence and national security activities authorized by law. We also may disclose your healthcare information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates

Our practice may disclose your healthcare information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' Compensation

Our practice may release your healthcare information for worker's compensation and similar programs.

D. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have certain rights regarding your health record information, as follows:

(1) You may request that we restrict the uses and disclosures of your health record information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with regard to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.

(2) You have a right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location. If you require such an accommodation, you may be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.

(3) You have the right to inspect, copy and request amendments to you health records. Access to your health records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation or an explanation or summary of the information.

(4) All requests for inspection, copying and/or amending information in your health records, and all requests related to your rights under this Notice, must be made in writing and addressed to the Privacy Officer at our address. We will respond to your request in a timely fashion.

(5) You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your health information except for disclosures required for treatment, payment and healthcare operations, disclosures that require an Authorization, disclosure incidental to another permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in any twelve-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same twelve-month period.

(6) If this notice was initially provided to you electronically, you have the right to obtain a paper copy of this notice and to take one home with you if you wish.

(7) You may file a written complaint to us or to the Secretary of Health and Human Services if you believe that your privacy rights with respect to confidential information in your health records have been violated. All complaints must be in writing and must be addressed to the Privacy Officer (in the case of complaints to us) or to the person designated by the U.S. Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints at the government's web site, <http://www.hhs.gov/ocr/hipaa>.

E. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

All questions concerning this Notice or requests made pursuant to it should be addressed to the Privacy Officer. The below person is the Privacy Officer for the Offices of Dr. Jack R. Giangliulo, D.C.

Jack R. Giangliulo, D.C.
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PRIVACY PRACTICES
PATIENT RECEPTION FORM

I have received or reviewed the privacy practice notice (4 pages) for Alternative Care Chiropractic, and understand the situations in which this practice may need to utilize or release my medical records. I also understand that I agreed to the use of those records when I initially applied for care at this office (my Application For Care) on my first visit, whenever that may have occurred.

I understand that this office will properly maintain my records, and will use all due means to protect my privacy as outlined in this privacy practices statement.

Patient Signature / Guardian Signature

Date

Print the Patient's Name

Print the Guardian's Name