VIC HIPAA Notice of Privacy Practices Adults

Effective Date: 6/1/2025

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

Your Rights

You have the right to:

Access your medical record
You may request a paper or electronic copy of your health record and other health information we maintain. We ask that you complete an authorization to release records, and we will provide your records or a summary within 10 business days of your request.

Request a correction
If you believe your health information is inaccurate or incomplete, you may request a correction. Please submit this request in writing. We may deny your request, but we will explain why in writing within 30 days.

Request confidential communications
You may request that we contact you in a specific way (e.g., only by email, or at a certain phone number). We will accommodate all reasonable requests.

Request a restriction on certain uses or disclosures
You may ask us not to use or share certain health information for treatment or operations. While we are not required to agree, we will do our best to honor appropriate requests.
If you pay for a service out-of-pocket in full, you may ask that we not share that information with your insurance company. We will honor this request unless legally required to disclose it.

Receive a list of disclosures
You may request a list of the disclosures we have made of your health information over the past six years, excluding disclosures related to treatment, payment, and operations. One disclosure report per year is free; additional reports may incur a reasonable, cost-based fee.

Receive a copy of this notice
You may request a printed copy of this notice at any time.

Choose someone to act for you
If you have a legal guardian or medical power of attorney, that person may exercise your rights and make decisions on your behalf. We will verify their authority before acting on their request.

File a complaint
If you feel your privacy rights have been violated, you may file a complaint with:

Valley Integrative Chiropractic
5040 E. Shea Blvd., Ste 261
Scottsdale, AZ 85254
(480) 771-3272

Or with

U.S. Department of Health & Human Services:
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775

We will not retaliate against you for filing a complaint.

Your Choices

You have the right to make choices about how we share your information in the situations below. If you have a preference, let us know:

- Sharing with family or friends involved in your care
- Sharing during a disaster relief situation

If you are unable to communicate your preferences, we may share information if we believe it is in your best interest or necessary to prevent serious harm.

We will **never share your information** for:

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

Our Uses and Disclosures

We typically use or share your health information to:

Provide treatment
We use your information to guide your care and may share it with other health professionals involved in your treatment, *only with your consent or when required*.

Run our practice
We use your information to improve our services and support internal operations.

Provide documentation for reimbursement
We do not bill insurance companies directly. However, upon request, we will provide you with a *superbill* that you may submit to your insurance company for potential reimbursement.

We do **not** participate in workers' compensation programs or handle such cases.

Other Permitted Uses

We may share your information in limited ways that promote public health and safety, including:

- Reporting public health risks (e.g., contagious diseases), when required by law
- Reporting suspected abuse or neglect (when required by law)
- Preventing serious threats to health or safety

We will only share your information when required by law.
This includes requests from law enforcement, health oversight agencies, medical examiners, or in response to legal proceedings. If compelled by subpoena or court order, we will comply after verifying legal authority.

Our Responsibilities

We are required to:

- Maintain the privacy and security of your protected health information
- Inform you promptly if a breach occurs
- Follow the terms of this privacy notice
- Not use or share your information without your written permission unless allowed or required by law

We ***never*** market or sell your personal information.

Changes to This Notice

We may change the terms of this notice. The new version will be posted on our website and available in our office.
This Notice is effective as of the date this document is signed.

Client Signature

In signing this document, I acknowledge that I have received and agree to terms outlined in the HIPAA Notice of Privacy Practices.

X _____

Print name: **Date:**