

GATEWAY WELLNESS CENTER

NOTICE OF PRIVACY PRACTICES

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.

Gateway Wellness Center is required by law to maintain the privacy and confidentiality of your protected health information (PHI) and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information. Gateway Wellness Center will make every effort possible to protect the privacy and confidentiality of all health information of its patients against inappropriate or unauthorized use and disclosures as required by law.

DISCLOSURE OF YOUR HEALTH CARE INFORMATION

Treatment

We may disclose your health care information to other healthcare professionals for the purpose of referral, consultation, and coordination of health care, treatment, payment or healthcare operations. (example)

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Gateway Wellness Center.”

“It is our policy to provide a substitute health care provider, authorized by Gateway Wellness Center to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”

Payment

We may disclose your health care information to your insurance provider for the purpose of payment or health care operations. (example)

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Gateway Wellness Center for health care services rendered. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.”

Other Third Party Disclosures

Third party uses and disclosures other than for purposes of treatment, payment or health care operations will be made only with the patient's written authorization and may be revoked by the patient as provided by law.

Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Government Agencies

We may disclose your health information if we are ordered by the courts or another appropriate agency.

Ongoing Treatment

Patient histories, examinations and reports of findings are always done in a private room.

This office provides ongoing treatment in an “open adjusting” environment. An “open adjusting” environment involves several patients being seen in the same adjusting room at the same time. Patients are within sight of each other and some ongoing routine details of care are discussed within earshot of other patients and staff. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. These environments are used for ongoing care and are not the environments used for taking patient histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting.

Phone and/or Mail Contact

We may contact you at times by phone, mail or e-mail as described below:

“As a courtesy to our patients, at times we may call you on the evening prior to your scheduled appointment to remind you of your appointment time or as a follow up to missed appointments. If we can’t reach you in person, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel to reschedule your appointment”

“As a benefit to our patients, we may also periodically be sending you written information via mail/e-mail such as newsletters, birthday and seasonal greetings, recall notices, and other correspondence.”

Change of Ownership

In the event that Gateway Wellness Center is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have a right to request that the practice restrict how your PHI is used and/or disclosed to carry out treatment, payment and/or health care operations. However, the practice is not required to agree to any restrictions that you have

requested.

- You have the right to inspect and copy your health information.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this notice of Privacy Practices

Gateway Wellness Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the now provisions effective for all information that is maintains. Until such amendment is made, Gateway Wellness Center is required by law to comply with this Notice.

Gateway Wellness Center is rewired by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Victoria Hill, DC by calling this office at 408-356-4454. If Victoria Hill, DC is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

This notice is effective as of May 22nd, 2003.

I have read the Privacy Notice and understand my rights contained in the notice
By way of my signature, I provide Gateway Wellness Center with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operation as described in the Privacy Notice.

Patient's Name (print)

Patient's Signature

Date

For Office Use Only
Patient was given Privacy Notice on _____
Date

Privacy Notice was given to patient by _____
Staff Member Signature