

## 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 laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you this Notice. We must follow the privacy practices as described below. This Notice will take effect on 04/14/2003 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 a significant change, this Notice will be amended to reflect the changes and we 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 Privacy Officer. Information on contacting us can be found at the end of this Notice.

#### **TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION**

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

**TREATMENT:** We may use your health information to provide you with our professional services. We have established “minimum necessary” or “need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Every one of our staff is required to sign a confidentiality statement.

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

**PAYMENT:** We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in this 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, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgement to disclose only that information directly relevant to your care. We will also use our professional judgement to make reasonable inference of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

**HEALTHCARE OPERATIONS:** We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

**REQUIRED BY LAW:** We may use or disclose your health information when we are required to do so by law (court or administrative orders, subpoena, discovery request or other lawful process). We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

**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. This information will be disclosed only to the extent necessary to prevent serious threat to your health or safety or that of others.

**PUBLIC HEALTH RESPONSIBILITIES:** We will disclose your health care information to report problems with products, reactions to medications, product recalls, and disease/infection exposure and to prevent and control disease, injury and/or disability.

**MARKETING AND HEALTH-RELATED SERVICES:** We will not use your health information for marketing purposes unless we have your written authorization to do so.

**NATIONAL SECURITY:** The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

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

#### **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 who 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 Privacy Officer 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 \$1.00 for each page and the staff time charge will be \$50.0 per hour including the time required to location and copy your health information. If you want copies mailed to you, postage will also be charged. If you prefer a summary or an explanation of your health information we will provide it for a fee. Please contact our Privacy Officer for a fee and/or for an explanation of our fee structure.

**AMENDMENT:** You have the right to amend your healthcare 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.

**NON-ROUTINE DISCLOSURES:** You have the right to receive a list of non-routine disclosures we have made of your healthcare information. (When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures; therefore these are not available.) You have the right to a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment or healthcare operations. You can request non-routine disclosures going back six years starting on April 14, 2003. Information prior to that date would not have to be released.

**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 additional restrictions, but if we did, we will abide by our agreement (except in emergencies). Please contact our Privacy Officer if you want to further restrict access to your healthcare information. This request must be submitted in writing.

**QUESTIONS AND COMPLAINTS**

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. 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 information, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information 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:** Yajima Chiropractic & Wellness  
**PRIVACY OFFICER:**  
**TELEPHONE:** (310) 626-1302      **FAX:** (310) 626-4380  
**EMAIL:** drhajimeyajima@gmail.com  
**ADDRESS:** 1110 Crenshaw Blvd | Torrance, CA 90501

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**PATIENT'S NAME (PRINTED)**

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**PATIENT'S SIGNATURE**

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**PRIVACY OFFICER'S SIGNATURE**

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**DATE**