

NOTICE OF PRIVACY PRACTICES MANDATORY REVIEW FORM

Please read the following document,
sign the last page and bring with you to our office
or fax to 815-377-2395

This is MANDATORY BY LAW



**VALLEY
WHOLISTIC**

Bernadette Rosenstiel, D.C.
22039 Clarendon Street, Suite 101
Woodland Hills, California 91367
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Fax 815-337-2395
info@valleywholistic.com

**VALLEY WHOLISTIC HEALTH CENTER
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR PATIENTS MAY BE USED AND/OR DISCLOSED, HOW OUR PATIENTS CAN GET ACCESS TO THIS INFORMATION AND WHAT RECOURSE OUR PATIENTS HAVE REGARDING THEIR HEALTH INFORMATION RIGHTS. PLEASE REVIEW IT CAREFULLY.

Valley Wholistic Health Center is required, by law, to maintain the privacy and confidentiality of our patients' protected health information and to provide you with notice of our legal duties & privacy practices with respect to your protected health information.

DISCLOSURE OR YOUR HEALTH CARE INFORMATION

Treatment

We may disclose your health care information to other healthcare professionals within or outside of our practice for the purpose of treatment, payment or healthcare operations. Examples include:

- Seeking expert consultation regarding your condition from other health care professionals to better serve our patients at our offices or to refer our patients to a health care professional that can better them.
- Enrolling a substitute health care provider, authorized by Valley Wholistic Health Center, to assess and/or treat our patients, without advanced notice, in the event of our 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.

- As a courtesy to our patients, Valley Wholistic Health Center submits claim forms and/or itemized billing statements to our patients' insurance carriers to be compensated for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.

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.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting

domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking or transplanting organs or tissues.

Research

We may disclose your health information to scientists conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Scheduling

We may contact you for scheduling purposes and the confirmation of appointments:

As a courtesy to our patients, it is our policy to call your home prior to your scheduled appointments to remind you of your appointment time. If you are not at home, 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 or reschedule your appointment.

Change of Ownership

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

YOUR HEALTH INFORMATION RIGHTS

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Valley Wholistic Health Center is not required to agree to the restriction that you requested.

- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery upon your request.
- You have the right to inspect and copy your health information
- You have a right to request that Valley Wholistic Health Center amend your protected health information. Please be advised, however, that Valley Wholistic Health Center is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Valley Wholistic Health Center.
- 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

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

Valley Wholistic Health Center is required, by law, to maintain the privacy and confidentiality of our patients' protected health information and to provide you with notice of our legal duties & privacy practices with respect to your protected health information.

If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Steve Hochman by calling this office at 818-887-4000. If Steve Hochman is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

COMPLAINTS

Complaints about your Privacy rights or how Valley Wholistic Health Center has handled your health information should be directed to Steve Hochman by calling this office at 818-887-4000. If Steve Hochman is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

Effective as of 01/01/04

VALLEY WHOLISTIC HEALTH CENTER

**NOTICE OF PRIVACY PRACTICES
SIGNATURE SHEET**

Valley Wholistic Health Center is required, by law, to maintain the privacy and confidentiality of our patients' protected health information and to provide you with notice of our legal duties & privacy practices with respect to your protected health information. It is your right to request and receive a copy of our NOTICE OF PRIVACY PRACTICES if you so desire.

DISCLOSURE OF PATIENT HEALTH CARE INFORMATION

I understand that my health care information may be used or disclosed outside the offices of Valley Wholistic Health Center for the purposes of Treatment, Payment, Worker's Compensation, Emergency, Public Health, Judicial & Administrative Proceedings, Law Enforcement, Organ Donation, Research, Public Safety, Specialized Government Use, Scheduling, Change of Address and/or in the event of untimely Decease.

PATIENT INFORMATION RIGHTS

I understand that I have certain privacy and health information rights, including the right to inspection and accounting of, and the right to request restrictions or make alterations of my health care information rights.

CHANGES TO THE NOTICE OF PRIVACY PRACTICES

I understand that Valley Wholistic Health Center reserves the right to amend their Notice of Privacy Practices.

COMPLAINTS

I understand that complaints regarding my privacy and health information rights should be directed to Elizabeth Winter of Valley Wholistic Health Center.

MY SIGNATURE SERVES AS PROOF THAT I HAVE READ, UNDERSTAND AND AGREE TO VALLEY WHOLISTIC HEALTH CENTER'S NOTICE OF PRIVACY PRACTICES.

NAME _____

SIGNATURE _____ DATE _____