

**Newman Chiropractic Offices and
WellQuest 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.

Newman Chiropractic Offices and WellQuest Wellness Center is committed to maintaining the privacy and confidentiality of our patient's health information and to providing our patients with notice of our legal duties and privacy practices with respect to your protected health information.

PRIVACY POLICY:

We, at Newman Chiropractic Offices (NCO) and WellQuest Wellness Center (WWC), value you as a patient and appreciate the opportunity to serve you. We are committed to protecting your medical and personal privacy. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. By law we are required to:

- Keep medical information about you private
- Give you notice of our legal duties and privacy practices
- Follow the terms of the notice that is currently in effect

If ever significant changes are made to our policies we will alter our notice and post it within public view in our office. You may receive a copy of this at any time and will be asked to acknowledge, in writing, your receipt of such.

DISCLOSURE OF YOUR HEALTH CARE INFORMATION WITHOUT CONSENT:

- Information regarding your health may be disclosed to other members of this practice for the purpose of treatment, payment or healthcare operations.
- Information regarding your health/healthcare may be disclosed to your insurance provider for the purpose of payment or health care operations.
- Information about your health may be disclosed as necessary in order to comply with State Workers Compensation Laws.
- Information about your health may be disclosed for a number of other reasons including: emergencies, public health and safety, legal administration and enforcement.

Our office may use your information for IN HOUSE marketing purposes (sending a newsletter or coupon offer via mail or internet). We will NOT sell or share your information with other businesses or persons for marketing uses.

Our office may use your information to contact you with personal reminders or to share information we feel is warranted. Examples of this would be an appointment reminder call or email, or a call to "check in" on your well being.

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 Newman Chiropractic is not required to agree to the restriction you request.
- You have the right to inspect and copy your health information by written request. (We may charge a fee for copying, mailing or related supplies.)
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location upon your request.
- You have the right to request that NCO/WWC amend your protected health information. Please be advised, however, that we are not required to agree to this amendment. If your request for amendment 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 the right to receive an accounting of disclosures of your protected health information made by NCO/WWC.
- You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request.
- All written requests or appeals should be submitted to Dr. Newman or Dr. Wilson.

If you have any concerns that your privacy rights might be violated, or you disagree with a decision we have made about access to your record, you may contact Dr. Newman at 2551 San Ramon Valley Blvd. San Ramon CA 94583.

You may also send a written complaint the U.S. Department of Human Services, Office of Civil Rights. We will provide the address upon request. Under no circumstances will you be retaliated against or penalized in any way.

ACKNOWLEDGEMENT

By signing below, I acknowledge receipt of a copy of this Notice and my understanding and agreement to its terms.

Patient signature

date