



Fitness Genome Tayebjee Chiropractic Neurology Center
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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

Effective Date: 11/01/2019

If you have questions about this notice, please contact Fitness Genome Tayebjee Chiropractic Neurology Center's Privacy Officer at 858-208-0710

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of:

- Fitness Genome Tayebjee Chiropractic Neurology Center
- Any health care professional authorized to enter information into your medical record maintained by Fitness Genome Tayebjee Chiropractic Neurology Center
- Any persons or companies with whom Fitness Genome Tayebjee Chiropractic Neurology Center does business and that are considered "Business Associates."
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We* are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how We may use information about you and when We can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any information We maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We have the right to change Our privacy practices and the terms of this notice. If We make a material change to Our privacy practices, we will provide a revised notice by direct mail to you reflecting that change within 60 days of the change and We will otherwise post the revised notice on Our website www.fitnessgenome.net. We reserve the right to make any revised or changed notice effective for information We already have and for information that We receive in the future.



*For purposes of this Notice of Privacy Practices, "We" or "Us" refer to Fitness Genome Tayebjee Chiropractic Neurology Center

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative)
- in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate Our business. For example, we may use or disclose your health information:

- **For Treatment** - We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your Physicians or hospitals to help them provide medical care to you.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from Fitness Genome Tayebjee Chiropractic Neurology Center may be billed by Fitness Genome Tayebjee Chiropractic Neurology Center and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received from Fitness Genome Tayebjee Chiropractic Neurology Center so your health plan will pay us or reimburse you for the treatment. We also may disclose information about you to another health care provider, such as a hospital or skilled nursing facility to which you are admitted, for their billing activities concerning you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage Our business activities related to providing and managing your health care coverage. For example, we might talk to your Physician to suggest a disease management or wellness program that could help improve your health or We may analyze data to determine how We can improve Our services. We may also combine medical information about many patients to decide what additional services Fitness Genome Tayebjee Chiropractic Neurology Center should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, and other personnel affiliated with Fitness Genome Tayebjee Chiropractic Neurology Center for review and learning purposes.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat you.
- **As Required or Permitted by Law.** We may disclose medical information about you when required or permitted to do so by federal, state, or local law.



- **For Reminders.** We may use or disclose health information to send you reminders about your Benefits or care, such as appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **To Avert a Serious Threat to Health or Safety** - to you, another person, or the public, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an Emergency or natural disaster.
- **Individuals Involved in Your Care or Payment for Your Care** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an Emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, We will use Our best judgment to decide if the disclosure is in your best interests.
- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an Emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.
- **Law Enforcement.** We may release, without your consent, medical information to a law enforcement official:
 - In response to a court order, warrant, summons, grand jury demand, or similar process
 - To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings
 - In response to a request from law enforcement for certain information to help locate fugitive, material witness, suspect, or missing person
 - To report a death or injury we believe may be the result of criminal conduct
 - To report suspected criminal conduct committed at Fitness Genome Tayebjee Chiropractic Neurology Center.



- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Psychotherapy Notes.** Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside Fitness Genome Tayebjee Chiropractic Neurology Center except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within Fitness Genome Tayebjee Chiropractic Neurology Center, except for training purposes or to defend a legal action brought against Fitness Genome Tayebjee Chiropractic Neurology Center, unless you have properly authorized such disclosure in writing.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give Us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if We have already acted based on your authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on Dependent access that authorize your dependents to request certain restrictions. **Please note that we are not required to agree to your request, and we may say "no" if it would affect your care.**
- If you pay for a service or health care item out-of-pocket in full, **you have the right** to ask us not to send health information to your health insurer for the purpose of payment



or our operations. If you make such a request, we will honor it unless we are otherwise required by law.

- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you such as claims and case or medical management records. You also may in some cases receive a summary of this health information. You must make a written request to inspect and copy your health information. Mail your request to the address listed below. In certain limited circumstances, We may deny your request to inspect and copy your health information. We may charge a reasonable fee for any copies. If We deny your request, you have the right to have the denial reviewed. If We maintain an electronic health record containing your health information, you have the right to request that We send a copy of your health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your health information.
- **You have the right to ask to amend** information We maintain about you if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested Amendment. Mail your request to the address listed below. If We deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by Us during the six years prior to your request. This accounting will not include disclosures of information made: (i) prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) other disclosures for which Federal law does not require Us to provide an accounting.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, or at another mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a copy of this notice, request a copy from Fitness Genome Tayebjee Chiropractic Neurology Center's Privacy Officer in writing.

INVESTIGATIONS OF BREACH OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any)



caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Fitness Genome Tayebjee Chiropractic Neurology Center or with the Secretary of the United States Department of Health and Human Services. To file a complaint with Fitness Genome Tayebjee Chiropractic Neurology Center's contact the Privacy Officer by mail at 1905 Calle Barcelona Suite, 234 Carlsbad, CA 92009. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law. If you authorize us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to Fitness Genome Tayebjee Chiropractic Neurology Center's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you previously had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Submitting a Written Request - Mail to Us your written requests for modifying or cancelling a confidential communication, for copies of your records, or for Amendments to your record, at the following address: 1905 Calle Barcelona Suite, 234 Carlsbad, CA 92009. Phone: 858-208-0710. Email: infochiro@fitnessgenome.net