



Grifall Family Chiropractic
18181 Butterfield Blvd., Suite 175
Morgan Hill, CA 95037
(408) 778-6770

THIS FORM DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

In the course of your chiropractic care as a patient of Dr. R. Mike Grifall, we may use or disclose personal related information about you in the following ways:

- Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnoses, assessment or treatment.
- Your health care records as well as your billing records may be released to another party, such as an insurance carrier, an HMO, a PPO, or to your employer, if there may be responsibility for the payment of services provided to you.
- Your name, address, phone number and health records may be used to contact you for, appointment reminders, information to you about your present care, or other health related information that might be of interest to you.

You have the right to request restrictions on our use of your protected health information for treatment, payment and operation purposes. Such requests are not automatic and must be in agreement with this office.

- If you are not home to receive an appointment reminder or other important information, a message will be left on the answering machine or with a person of the household. You have a right to a confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by different means at different locations if specified.
- We are permitted and may be required to see or disclose your health information without your consent under these circumstances.
- If we provide health care services to you in an emergency.
- If we are required to provide health care to you and are unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communicating with you, but in our professional judgment we believe your intent for us to provide care.
- If we are ordered by the courts or another appropriate agency.

You have the right to receive an accounting of any such disclosures made by this office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person whom we provide the information and may no longer be protected by the federal privacy rules.

We may normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home, or if you would like the information in a specific form, please advise us in writing as to your preference.



You have the right to inspect and / or copy health information for as long as the information stays in our files. In addition, you have the right to request an amendment to your information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

We are required by state and federal law to maintain privacy of your patient file and the health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information we are further required by law to abide by the terms of this notice while it is in affect.

We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you as soon as possible following the changes. Any changes in our privacy notice will apply for all of your health information in our files.

If you have complaints regarding our privacy notice, our privacy practices, or any aspect of our privacy activities you should direct complaint to:

R. Mike Grifall, D.C.

If you would like further information about our privacy policies and practices, please contact:

R. Mike Grifall, D.C.

You also have the right to lodge a complaint with the secretary department of Health Services. If you chose to lodge a complaint with this office or with the secretary, your care will continue and this office or our staff in any matters whatsoever will not disadvantage you.

This notice is effective as of _____. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

Name (printed)

Date

Signature

If you are a minor, or being represented by another party:

Personal representative (printed)

Date

Personal representative Signature

Description of the authority to act on behalf of the patient.