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### HIPPA Notice of Information Practices

This notice describes how medical information about you may be used and disclosed in accordance with HIPPA and how you can get access to this information.

Each time you visit your practitioner at Whole Medicine, a record is made of your visit. Typically this record contains your health history, current symptoms, examination results, diagnosis and treatment plan.

#### Your rights under the Federal Privacy Standard

Although your health record is the physical property of your practitioner, you have certain rights with regard to the information contained therein. You have the right to:

- Request restrictions on the use and disclosure of your health information for treatment, payment, and health care operations. This right does not include those required by law, for example mandatory reporting of communicable diseases like tuberculosis.
- You have the right to receive and keep a copy of this notice of information practices. If you do request a copy, the law requires us to ask you to acknowledge receipt of your copy.
- You have the right to inspect and copy your health information upon request. We reserve the right to charge a reasonable, cost-based fee for making copies.
- You have the right to request a correction of your health information unless we did not create the record or if the record is accurate and complete.
- You have the right to revoke authorization to use or disclose your health information at any time.

**With the regulatory consent granted by the Health and Human Services Department we may use or disclose your health information for treatment, payment and operations.**

For example:

- Your practitioner can use your personal health information to diagnose, plan and implement the best course of treatment for you.
- Your practitioner may also use your health information to receive payment from a third payer, for example Workers Compensation, if applicable and appropriate.
- If your practitioner uses your personal health information for other purposes, you will be informed and asked for your permission in writing. You may revoke your consent for authorization at any time.

#### Our responsibility under the Federal Privacy Standard

In addition to providing you your rights, [the federal privacy standard](#) requires your practitioner to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.

I have read and understand this document.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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