



820 N.W. 13th Street, Oklahoma City, Oklahoma 73106 ▪ Phone (405)943-0303 Fax (405)272-0515

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Brooks Clinic is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our practice members with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

We may disclose your health care information to other healthcare professionals within our practice for the purpose of providing healthcare services, payment, or healthcare operations. Example: On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with The Brooks Clinic.

It is our policy to provide a substitute health care provider, authorized by The Brooks Clinic to provide assessment and/or adjustments to our practice members in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.

Payment

We may disclose your health information to your insurance provider for health care operations including billing.

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 regarding your health condition, or in the event of an emergency, or of your death.

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 (note: drugs are not and will not ever be prescribed in our office), 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 and tissues.

Research

We may disclose your health information to researchers 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.

Marketing

We may contact you for marketing purposes or fundraising purposes, as described below: As a courtesy to our practice members, it is our policy to call your home in the event that you miss a scheduled appointment. 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 next scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

Charitable Events

It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc... During these times, we may send you a letter, e-mail, post card, invitation, or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of the Community Chiropractic Clinic sponsored fund-raising events.

Change of Ownership

In the event that The Brooks Clinic is sold or merged with another organization, your information and records will become the property of the new owner.

Your Health Information Rights

You have the right to request restriction on certain uses and disclosures of your health information. Please be advised, however, that The Brooks Clinic 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 location other than the usual method of communication or delivery, upon your request.

You have the right to inspect the copy of your health information.

You have a right to request that The Brooks Clinic amend your protected health information. Please be advised, however, that The Brooks Clinic 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 the right to receive an accounting of disclosure of your protected health information made by The Brooks Clinic.

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

The Brooks Clinic 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, The Brooks Clinic is required by law to comply with this Notice.

The Brooks Clinic is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practice's with respect o your health information. I you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Dr. Dickey by calling this office at (405)943-0303. If the doctor is not available, you may make an appointment for a personal conference in person or by telephone within two working days.

Complaints: Complaints about your Privacy Rights or how The Brooks Clinic has handled your health information should be directed to Patty Hoskins first to resolve any issues. 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

This notice is effective as of 07/01/2006



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I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide The Brooks Clinic with my authorization and consent to use and disclose my protected health care information for the purposes of chiropractic care, payment and health care operations as described in the Privacy Notice.

Patient Name (print)

Patient Signature

Date

Authorized Facility Signature

Date