

**HIPPA INFORMATION:****THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.****In the course of your care as a patient at Hsu Chiropractic, we may use or disclose personal and health related information about you in the following ways:**

- Your personal 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 diagnosis, assessment or treatment.
- Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer (if they are or may be responsible for the payment of your services).
- Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, to provide information about alternatives to your present care, or to other health-related information that may be of interest to you.

**Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:**

- If we are providing health care services to you based on the orders of another health care provider.
- If we provide health care services to you in an emergency.
- If we are required by law to provide care to you and we 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 that you intend for us to provide care.
- If we are ordered by the courts or another appropriate agency.

If you are not home to receive an appointment reminder, a message may be left on your answering machine. Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or for as long as the information remains in our files. In addition, you have the right to request an amendment to your health 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 the privacy of your patient file and the health protected 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 effect. 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 in writing as soon as the changes are made.

Any use or disclosure of your protected health information, other than as described in these examples outlined above, will only be made upon your written authorization.

We normally provide information about your health care 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 different form, please advise us in writing as to your preferences.

Any change in our privacy notice will apply for all of your health information in our files.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person or persons to whom we provide the information and may no longer be protected by the federal privacy rules. If you have a complaint regarding our privacy notice, our privacy practices, or any aspect of our privacy activities, you should direct your complaint to: TIANA HSU, D.C.

If you would like further information about our privacy policies and practices, please contact: TIANA HSU, D.C.

This notice is effective as of 08-18-2008. 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.

**Your health care provider has given approval to correspond through the use of electronic mail (email). The guidelines below explain the intended use for this type of communication.**

Policy	It is the policy of Dr. Tiana Hsu's office that all electronic mail (email) correspondences between Dr. Hsu and you will be maintained as part of your medical record.
MEDICAL EMERGENCY	CALL 911. DO NOT USE EMAIL.
Appropriate Use of Email	Correspondence should be between physician/provider and adult patient (18 years or older) or parent or legal guardian of a minor.  Email should be used for non-sensitive and non-urgent issues. The types of information appropriate for email include: <ul style="list-style-type: none"> <li>• questions about appointments</li> <li>• routine follow-up inquiries</li> <li>• questions about general home care instructions</li> </ul> Email should NOT be used for sensitive issues, such as the results of blood tests, or imaging reports.
Privacy and Confidentiality	You should discuss with your provider who may process your email messages during business hours, vacations, or illness. All emails regarding your care will be included in your medical record
Creating a Message	On the "subject" line, please include the general topic of the message. For example: <ul style="list-style-type: none"> <li>• home care</li> <li>• appointment</li> <li>• health care advice</li> </ul> In the text of the message, please include <ul style="list-style-type: none"> <li>• your Name</li> <li>• your telephone number and/or address</li> </ul> Remember; do not use email for urgent matters or sensitive issues.
Response Time	Please discuss with your provider a realistic time in which to receive a response. This is an agreement between you and your provider. If the expected response time is exceeded, please phone the number listed below.
Caution	Encryption of email is not available at this time. Employee email accounts and messages may belong to the employer. Consider email like a postcard which can be viewed by unintended persons.
Terminating the Email Relationship	Either you or your physician/provider may submit in writing or email the intent to discontinue using Email as a means of communication.
Disclaimer	Dr. Tiana Hsu is not responsible for email messages that are lost due to technical failure.

Health Care Provider: Tiana Hsu, D.C.

*Email Address:* DNFT at Dr-Hsu.com

*Phone:* (408) 656-1576

## MEDICARE INFORMATION

I understand that Dr. Tiana Hsu is not a provider for Medicare.

I also understand that the care provided in this office by Dr. Hsu is on a cash, check, or credit card basis, and that I will be provided with a receipt for services and payment. Payment is expected at the time of the visit for all services provided.

I also understand that neither this office nor I as the patient may bill Medicare or any other supplemental insurance for the services. The receipt that is provided is a receipt for services rendered and must not be used to bill an insurance company.