

Dr. Michael Cleaver, D.C.
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Privacy Policy

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.

Dr. Michael Cleaver, D.C. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment – We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (Example)

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Dr. Michael Cleaver, D.C.”

“It is our policy to provide a substitute health care provider, authorized by Dr. Michael Cleaver, D.C. to provide assessment and/or treatment to our patients, without advanced notice, in the event your primary health care provider’s absence due to vacation, sickness, or other emerging situation.”

Payment – We may disclose your health information to your insurance provider for the purpose of payment or health care operation. (Example)

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Dr. Michael Cleaver, D.C. for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide and itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services rendered.”

Worker’s Compensation – We may disclose your health information as necessary to comply with State Worker’s 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 about your medical 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, 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 as described below: (Example)

“As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. We may also call to remind you of a missed appointment. If you are not at home, we may 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 scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.”

“It is our practice to contact you about many marketing events throughout the year. During these times we will be sending out various mailers, which include the internet. They may include your name thanking you for referrals. We may be asking

you to share your Chiropractic success story with others. It is not our policy to disclose any health information about your condition for the purpose of personal gain without your permission.”

Change of Ownership – In the event that Dr. Michael Cleaver, D.C. is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised; however, that Dr. Michael Cleaver, D.C. 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 method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Dr. Michael Cleaver, D.C. amend your protected health information. Please be advised; however, that Dr. Michael Cleaver, D.C. 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 disclosures of your protected health information made by Dr. Michael Cleaver, D.C.
- You have the right to a paper copy of this Privacy Policy at any time upon request.

Changes to this Privacy Policy

Dr. Michael Cleaver, D.C. reserves the right to amend this Privacy Policy at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dr. Michael Cleaver, D.C. is required by law to comply with this policy.

Dr. Michael Cleaver, D.C. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Dr. Michael Cleaver, D.C. by calling this office at 707-963-9423. If Dr. Michael Cleaver, D.C. is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your privacy rights, or how Dr. Michael Cleaver, D.C. has handled your health information should be directed to Dr. Michael Cleaver by calling this office at 707-963-9433. If Dr. Michael Cleaver is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

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 April 1, 2003.

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

By way of my signature, I provide Dr. Michael Cleaver, D.C. with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in the Privacy Policy.

Patient's Name (print)

Patient's Signature

Date

Authorized Facility Signature

Date