

**Notice of Privacy Practices**  
RENÉE J. GORDON, DC  
2659 Townsgate Road, Suite 126  
Westlake Village, CA 91361

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.

Renée J. Gordon, DC is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide her patients with notice of her 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 Renée J. Gordon, DC.”
- ◆ “It is our policy to provide a substitute health care provider, authorized by
- ◆ Renée J. Gordon, DC to provide assessment and/or treatment to our patients, without advanced notice, 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 the purpose of payment or health care operations.

**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 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 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.

### **Change of Ownership**

- ◆ In the event that Renée J. Gordon, DC 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 Renée J. Gordon, DC 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 Renée J. Gordon, DC amend your protected health information. Please be advised, however, that Renée J. Gordon, DC 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 a right to receive an accounting of disclosures of your protected health information made by Renée J. Gordon, DC.
  - ◆ 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**

- ◆ Renée J. Gordon, DC 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, Renée J. Gordon, DC is required by law to comply with this Notice.

### **Complaints**

- ◆ Complaints about your Privacy rights, or how Renée J. Gordon, DC has handled your health information should be directed to Dr. Renée J. Gordon, DC by calling this office at 805-778-1054.
- ◆ 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

Renée J. Gordon, DC 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. Renée J. Gordon, DC by calling this office at 805-778-1054

**NOTICES OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

RENÉE J. GORDON, DC  
2659 Townsgate Road, Suite 126  
Westlake Village, CA 91361

I understand that, under the Health Insurance Portability & Accountability Act of 1998 (“HIPAA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used for:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications

I acknowledge that I have received your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

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

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

Relationship to Patient: \_\_\_\_\_

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

**OFFICE USE ONLY**

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement but was unable to do so as documented below:

Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Initials: \_\_\_\_\_