



Community Chiropractic Spine & Sport
Dr. Darryl L. Koch
Certified Chiropractic Sports Physician

Notice of Privacy Practices for Protected Health 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.

Uses and Disclosures

1. Community Chiropractic Spine & Sport (Doctor or staff) may have to disclose your health information, including health records to another health care provider or hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition.
2. Our insurance and billing staff may have to disclose your examination and treatment records and billing records to another party, such as your insurance carrier or employer, if they are potentially responsible for the payment of your services.
3. Community Chiropractic Spine & Sport may need to use your email, address, phone number to contact you to provide appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you.
4. Community Chiropractic Spine & Sport may send you correspondence in the form of emails, postcards, birthday cards, thank you letters, health information, monthly newsletters or other information.

You have the right to refuse to give us authorization to contact you. If you do not give us authorization, it will not affect the treatment we provide to you. You have the right to inspect or copy the information that we use to contact you, or your health related information at any time.

Privacy Policy

We will always respect your privacy. Other than the uses and disclosures we described above, we will not sell or provide any of your health information to any outside marketing organization.



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Permitted uses and disclosures without your consent or authorization

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:

We are permitted to use your health information if we are providing health care services to you based on the orders of another health care provider.

We are permitted to use or disclose your health care information if we provide health care services to you as an inmate.

We are permitted to use or disclose your health care information if we provide health care services to you in an emergency.

We are permitted to use your health care information if we are required by law to treat you and we are unable to obtain your consent after doing so.

We are permitted to use your health care information if there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

Your right to revoke authorization

You may revoke your authorization at any time, but your revocation must be in writing. We will not honor your revocation request in the following circumstances:

1. If we already released your health information before we receive your request to revoke your authorization.
2. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if the decide to contest any of your claims.

If you wish to revoke your authorization, please send written revocation to:

Community Chiropractic Spine & Sport

8 Essex Way, Suite 204

Essex, VT 05452



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Your right to limit uses or disclosures

If there are health care providers, hospitals, employers, insurers or other individuals or organizations to whom you do not want us to disclose your health information. Please let us know, in writing, what individuals or organization to whom you do not want us to disclose your health care information. We are not required to agree to your restrictions. However, if we agree, the restriction is binding on us. If we do not agree to your restrictions, you may drop your request or you are free to seek care from another health care provider.

Your right to receive confidential communication regarding your health information.

We routinely provide information about your health to you in person at the time you receive chiropractic care. We may also mail you information regarding your health or about the status of your account. We will do our best to accommodate any reasonable request if you would like to receive information about your health or the services we provide at a place other than your home or, if you would like the information in a different form. To help us respond to your needs, please make any request in writing.

Your right to inspect or copy your health information.

You have the right to request that we amend our health information for 7 (seven) years from the date that the record was created or as long as the information remains in our files. We require your request to amend your records to be in writing and for you to give us a reason to support the change you are requesting us to make.

Your right to receive an accounting of the disclosures we have made for your records.

You have the right to request that we give you an accounting of the disclosures we have made of your health information for the last six years before the date of your request. The accounting will include all disclosures except:

Those disclosures required for your treatment, to obtain payment for your services or to run our practice.

Those disclosures made to you.



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Those disclosures necessary to maintain a directory of the individuals in our facility or to individuals involved with your care.

Those disclosures for national security or intelligence purposes.

Those disclosures made to correctional officers or law enforcement officers.

Those disclosures that were made prior to the effective date of the HIPPA privacy law.

Our duties

We are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information.

We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices. If we make a change to our privacy agreement, we will notify you in writing. If we make a change in our privacy terms, the change will apply for all of your health information in our files.

Your right to complain

You may complain to us or the Secretary of Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take action against you for doing so. While you may make an oral complaint at any time, written comments should be addressed to:

US Department of Health and Human Resources
200 Independence Avenue, S. W.
Washington, DC 20201