

Vineyard Chiropractic
Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At the office of Dr. Joseph Combs, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.

We may share your medical information with our business associates such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may place your photograph on the wall. If you do not wish to have your photograph taken, please notice your doctor prior to taking a picture.

We may use your information to contact you. For example, we may send newsletters or other information including your name. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all your health information when required by law. If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior approval.

You may request the right to know of any uses or disclosures we make with your health information beyond normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to send and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Give us a request to make the changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Ave. S.W., Room 509F, Washington DC 20201. You will not be retaliated against for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact your Privacy Officer at (805) 485-8181. This notice goes into effect as of January 1, 2024.