

# Dr. David J Schimp DC LLC

937 E. Sumner St. P.O. 270238 Hartford, WI 53027 office: 262.673.2341 fax: 262.673.2131 email: info@doctorschimp.com

## **Patient Bill of Rights**

1. You have the right to dignified, respectful, and considerate care, which includes considerations of your psychosocial, spiritual, and cultural needs and perceptions;
2. You have the right to know about and understand your physical condition;
3. You have the right to appoint a surrogate to make healthcare decisions on your behalf to the extent permitted by law;
4. You have the right to participate in the consideration of ethical issues that arise during your care;
5. You have the right to obtain any information you need to give informed consent before examination or treatment;
6. You have the right, at your own expense, to consult with another physician or specialist;
7. You have the right to refuse treatment, as permitted by law, and to be informed of the medical consequences of your refusal;
8. You have the right to file a complaint or a formal grievance at any time. If you wish to do so you will be provided necessary information in a timely and courteous manner;
9. You have the right to be treated in an environment that is free of physical or psychological threat. This includes the right to be transferred to another room if another patient or visitors are disturbing you by their actions;
10. You have the right to privacy regarding visitors, mails, and/or telephone conversations;
11. You have the right to expect that all communications and records regarding your care will be held confidential;
12. You have the right to access information contained in your medical records within the limit of the law and according to the healthcare practice;
13. You have the right to expect continuity of care and that you will not be discharged or transferred to another facility without prior notice;
14. You have the right to know the identity, professional status, and institutional affiliation of anyone treating you, or present in your room;
15. You have the right to request an itemized statement of all services provided to you through this healthcare practice;
16. You have the right to be informed of any research or educational projects which affect your care;
17. You have the right to treatment or accommodations required by your medical conditions regardless of your race, creed, sex, or national origin;
18. You have the right to wear appropriate personal clothing and religious or symbolic items, as long as they do not interfere with diagnostic procedure or treatment;
19. You have the right to privacy in interviews and examinations, including the right to have a person of one's own sex during parts or all of the physical examination, procedures, and treatment;

# Dr. David J Schimp DC LLC

937 E. Sumner St. P.O. 270238 Hartford, WI 53027 office: 262.673.2341 fax: 262.673.2131 email: info@doctorschimp.com

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Our practice is dedicated, and we are required by applicable federal and state laws, to maintain the privacy of your health information. These laws also require us to provide you with this Notice of Privacy Practices and to inform you of your rights, and our obligations, concerning your health information. We are required to follow the privacy practices described below while this Notice is in effect.

### **CHANGES TO NOTICE:**

We reserve the right to change this Notice and the privacy practices described below at any time in accordance with applicable law. Prior to making significant changes to our privacy practices, we will alter this Notice to reflect the changes, and make the revised Notice available to you on request. Any changes we make to our privacy practices and/or this Notice may be applicable to health information created or received by us prior to the date of the changes.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION.**

A. **CONSENT:** You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for treatment, payment, and healthcare operations. Examples of these activities are as follows:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and other business operations.

Our chiropractic practice will seek to obtain Consent from you permitting us to use or disclose your health information for these activities. You should be aware that our chiropractic practice does not require obtaining, or confirming the existence of a Consent prior to:

- a) Emergency treatment;
- b) Treatment, when such treatment is required by law; or
- c) Treatment of patients when communication barriers prevent obtaining Consent.

You should also be aware that you have the right to revoke that Consent at any time by providing the practice written notice.

# Dr. David J Schimp DC LLC

937 E. Sumner St. P.O. 270238 Hartford, WI 53027 office: 262.673.2341 fax: 262.673.2131 email: info@doctorschimp.com

**B. AUTHORIZATIONS:** You may specifically authorize us to use your health information for any purpose or to disclose your health information to anyone, by submitting such an authorization in writing. Upon receiving an authorization from you in writing we may use or disclose your health information in accordance with that authorization. You may revoke an authorization at any time by notifying us in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those permitted by this Notice.

**C. DISCLOSURES TO FAMILY AND PERSONAL REPRESENTATIVES:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. Such disclosures will be made to any of your personal representatives appropriately authorized to have access and control of your health information. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your incapacity or in emergency circumstances; we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

**D. MARKETING:** We will not use your health information for marketing communications without your written authorization.

**E. USES OR DISCLOSURES REQUIRED BY LAW:** We may use or disclose your health information when we are required to do so by law, including for public health reasons (e.g., disease reporting). In some instances, and in accordance to do so by law, we may be required to disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

**F. PATIENT AND THIRD PARTY PROTECTION:** Only as permitted by law, we may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**G. LAW ENFORCEMENT/NATIONAL SECURITY:** Under certain circumstances we may disclose health information relating to members of the Armed Forces to military authorities. Under certain circumstances we may also disclose health information relating to inmates or patients to correctional institutions or law enforcement personnel having lawful custody of those individuals. We may disclose health information in response to judicial proceedings and law enforcement inquires as permitted by law and to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

**H. APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

## **PATIENT RIGHTS:**

**A. ACCESS TO RECORDS:** Upon submission of a written request to use, you have the right to review or receive copies of your health information, with limited exceptions. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may request that we provide copies in a format other than photocopies and we will use the format you request if it is readily available. We will charge you a reasonable cost-based fee relating to the production of such copies. If you request copies, we will charge you a reasonable fee for the labor of copying your records (not including record handling and record retrieval), \$1.00 per page for pages 11-60, \$.50 per page for pages 61-400, and \$.25 per page for pages over 400, and postage if you want the copies mailed to you. A reasonable fee for copies of films may also be charged, but not to exceed \$45 for retrieval and processing, including copies for the first 10 pages, and \$1.00 each additional page. If you request an alternative format, we will charge a reasonable cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your

# Dr. David J Schimp DC LLC

937 E. Sumner St. P.O. 270238 Hartford, WI 53027 office: 262.673.2341 fax: 262.673.2131 email: info@doctorschimp.com

health information for a fee. Contact us using the information listed at the end of this Notice if you are interested in receiving a summary of your information instead of copies.

**B. ACCOUNTING OF CERTAIN DISCLOSURES:** Upon written request, you have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and other activities authorized by you, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**C. RESTRICTIONS AND ALTERNATIVE COMMUNICATIONS:** You have the right to request that we place additional restrictions on our use our disclosure of your health information for treatment, payment, and healthcare operation purposes. Depending on the circumstances of your request we may, or may not agree to those restrictions. If we do agree to your requested restrictions we must abide by those restrictions, except in emergency treatment scenarios. You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (e.g., at your place of business rather than at your home). Such requests must be made in writing, must specify the alternative means or location, and must provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**D. AMENDMENTS TO RECORDS:** You have the right to request that we amend your health information. Such requests must be made in writing, and must explain why the information should be amended. We may deny your request under certain circumstances.

**E. ELECTRONIC NOTICES:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

## **QUESTIONS AND COMPLAINTS**

If you want any more information about our privacy practices, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made or any decisions we may make regarding the use, disclosure, or access to your health information you may complain to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Service. We will provide you with the address to file such a complaint on request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct any of your questions or complaints to:

Dr. David J Schimp  
937 E. Sumner St.  
Hartford, WI 53027  
262.673.2341