

HIPAA NOTICE OF PRIVACY POLICY

Brittany Anz, DC, cAVCA



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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your healthcare provider, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the healthcare provider's practice, or other uses required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a physician or their medical office that provides care to you. Your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. Since we do not bill your insurance company directly, this is unlikely. But in rare cases, health insurance companies may request information from our office if you have submitted a claim to them for reimbursement.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that we believe may be of interest to you.

Appointment Reminders and Health-Related Benefits and Services: We may use and disclose medical information, to contact you (including, for example, contacting you by phone and leaving a message on an answering machine or text you) to provide appointment reminders and other information. We may use and disclose medical information to tell you about health-related benefits or services that we believe may be of interest to you.

Healthcare Operations: We may use or disclose, as needed, your protected health information to support the business activities of your provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to physical therapy students that work with patients in our office. We may also use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Electronic Disclosures of Medical Information: Under Texas law, we are required to provide notice to you if your medical information is subject to electronic disclosure. This Notice serves as general notice that we may disclose your medical information electronically for treatment, payment, or health care operations or as otherwise authorized or required by state or federal law.



832 786 1990

Fax 832 536 8278



www.ResilienceChiroTx.com

ResilienceChiroTx@gmail.com

DrAnz@resiliencechirotx.com



2204 Summer St Studio 117

Houston, TX 77007

HIPAA NOTICE OF PRIVACY POLICY

Brittany Anz, DC, cAVCA



We may use or disclose your protected health information in the following situations without your authorization. These situations include the following: as Required by Law, Public Health issues as required by law, Communicable Diseases, Abuse or Neglect cases, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Criminal Activity, Military Activity and National Security, Workers' Compensation, and Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

Your Rights

Following is a statement of your rights with respect to your protected health information.


You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.


You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.


Your provider is not required to agree to a restriction that you may request. If your healthcare provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

As stated above, in most instances we do not have to agree to your request for restrictions on disclosures that are otherwise allowed. However, if you pay or another person (other than a health plan) pays on your behalf for an item or service in full, out of pocket, and you request that we not disclose the medical information relating solely to that item or service to a health plan for the purposes of payment or health care operations, then we will be obligated to abide by that request for restriction unless the disclosure is otherwise required by law. You should be aware that such restrictions may have unintended consequences, particularly if other providers need to know that information (such as a pharmacy filling a prescription). It will be your obligation to notify any such other providers of this restriction. Additionally, such a restriction may impact your health plan's decision to pay for related care that you may not want to pay for out of pocket (and which would not be subject to the restriction).

Right to Amend. If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Practice. To request an amendment, your request must be in writing and submitted to the HIPAA Officer at the address listed in Section VI below. In your request, you must provide a reason as to why you want this amendment. If we accept your request, we will notify you of that in writing.

 832 786 1990
Fax 832 536 8278

 www.ResilienceChiroTx.com
ResilienceChiroTx@gmail.com
DrAnz@resiliencechirotx.com

 2204 Summer St Studio 117
Houston, TX 77007

HIPAA NOTICE OF PRIVACY POLICY

Brittany Anz, DC, CAVCA



We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (I) was not created by us (unless you provide a reasonable basis for asserting that the person or organization that created the information is no longer available to act on the requested amendment), (II) is not part of the information kept by the Practice, (III) is not part of the information which you would be permitted to inspect and copy, or (IV) is accurate and complete. If we deny your request, we will notify you of that denial in writing.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home, not at work or, conversely, only at work and not at home. To request such confidential communications, you must make your request in writing to the Practice's HIPAA Officer at the address listed in Section VI below.

We will not ask the reason for your request, and we will use our best efforts to accommodate all reasonable requests, but there are some requests with which we will not be able to comply. Your request must specify how and where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this Notice, you must make your request in writing to the Practice's HIPAA Officer at the address set forth in the contact information below.

Right to Breach Notification: In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that your medical information has been improperly disclosed or otherwise subject to a "breach" as defined in and/or required by HIPAA and applicable state law.


By signing the privacy policy notice included in the intake form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations.


You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).


The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to the restrictions.
- The patient may revoke this consent in writing at any time, and all future disclosures will then cease.

The Practice may condition receipt of treatment upon the execution of this consent. The patient acknowledges that he/she has been given to opportunity to obtain a copy of our HIPAA practices.

 832 786 1990
Fax 832 536 8278

 www.ResilienceChiroTx.com
ResilienceChiroTx@gmail.com
DrAnz@resiliencechirotx.com

 2204 Summer St Studio 117
Houston, TX 77007

HIPAA NOTICE OF PRIVACY POLICY

Brittany Anz, DC, cAVCA



Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon 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.

Contact Officer: Brittany Anz, DC

Telephone: [\(832\) 786-1990](tel:8327861990)

E-mail: DrAnz@ResilienceChiroTx.com

Address: [2204 Summer Street, Studio 117, Houston, TX, 77007](https://www.google.com/maps/place/2204+Summer+Street,+Houston,+TX,+77007)

UPDATED 04/24/2023



832 786 1990

Fax 832 536 8278



www.ResilienceChiroTx.com

ResilienceChiroTx@gmail.com

DrAnz@resiliencechirotx.com



2204 Summer St Studio 117

Houston, TX 77007