Health Insurance Portability and Accountability Act (HIPAA)

2026 Tahoe Chiropractic Clinic

In the course of your care as a patient at Freeze Tahoe Chiropractic Clinic Corp., we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO or your employer (if they are or may be responsible for the payment of your services).
- Your name, address, phone number and your health care records may be used to contact you regarding appointment reminders to provide information about alternatives to your present care, or to other health related information that may be of interest to you.

You have the right to inspect or obtain a copy of the information we will use for these purposes; you also have the right to refuse to provide authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care.

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:

- If we are providing health care services to you based on the orders of another health care provider.
- If we provide health care services to you in an emergency.
- If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.
- If we are ordered by the courts to another appropriate agency.

Any use or disclosure of your protected health information, other than outlined above, will only be made upon your written consent.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or if you would like to obtain the information in a different form, please advise us in writing as to your preferences.

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You have the right to inspect and/ or copy your health information for five years from the date that the record was created or for as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

We are required by state and federal law to maintain the privacy of your patient file and the health-protected information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of the notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible following the changes. Any changes in our privacy notice will apply for all of your health information in our files.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person or persons to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy practices or any aspect of our privacy activities you should direct your complaint as well as any questions about our privacy policies and practices to:

Dr. Emma Freeze

Ph: 530.541.5660

Patient Name (Printed)

Patient Signature Date

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