

Dr. Greg Movsesyan, D.C.
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Notice of Privacy Practices

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.

Dr. Greg Movsesyan is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

Example:

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Dr. Greg Movsesyan”.

“It is our policy to provide a substitute health care provider, authorized by Dr. Greg Movsesyan to provide assessment and/or treatment to our patients, without advance notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation”

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

Example:

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Dr. Greg Movsesyan for health care services rendered. If you pay for your health care services personally, we will, as a courtesy provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services rendered”

Workers’ Compensation

We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by Law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medication, and reporting disease and infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administration or judicial proceeding.

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government.

Marketing

We may contact you for marketing purposes or fundraising purposes.

Examples:

“As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not home, we leave a message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your schedule appointment along with a request to call our office if you need to cancel or reschedule your appointment”

“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, postcard, invitation or call your home to invite you to participate in the charitable activity. We will provide you with the information about the type of activity, the dates and times and request your participation is such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Dr. Greg Movsesyan sponsored fund-raising events”

Change of Ownership

In the event that Dr. Greg Movsesyan’s chiropractic office is sold or merged with another organization, your health information/record will become property of the new owner.

Your Health Information Rights

- ❖ You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Dr. Greg Movsesyan is not required to agree to the restriction that you requested.
- ❖ You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon request.
- ❖ You have the right to inspect and copy your health information.
- ❖ You have the right to request that Dr. Greg Movsesyan amend your protected health information. Please be advised, however, that Dr. Greg Movsesyan is not required to agree to amend your protected health information. If your request to amend your health information is denied, you will be provided with an explanation of our denial reasons(s) and information about how you can disagree with the denial.
- ❖ You have the right to receive an accounting of disclosure of your protected health information made by Dr. Greg Movsesyan.
- ❖ You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Dr. Greg Movsesyan reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dr. Greg Movsesyan is required by law to comply with this Notice.

Dr. Greg Movsesyan is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practice with respect to your health information.

Complaints

Complaints about your Privacy rights or how Dr. Greg Movsesyan has handled your health information should be directed to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of _____/_____/_____

I have read the Privacy Notice and understand my rights contained in this notice.

By way of my signature, I provided Dr. Greg Movsesyan with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payments and health care operations as described in the Privacy Notice.

Patient’s Name [Print]

Patient’s Signature

Date

Authorized Facility Signature

Date