

**Dr. Donald A. Ozello DC
Championship Chiropractic
8871 W. Flamingo Rd. Suite 202
Las Vegas, NV 89147
702 286-9040**

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

In the course of your care as a patient at Championship Chiropractic we may use or disclose your personal and medical information about you in the following ways:

- Your protected 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 name, address, phone number and your health records may be used to contact you regarding appointments reminders, information about alternatives to your present care or other health related information that may be of interest to you.

You have the right to request restrictions on our use of your protected health information for treatment, payment and operative purposes. Such requests are not automatic and require the agreement of this office.

If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have the right to confidential communication and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations.

We are permitted and may be required to use or disclose your health information without your authorization in the following circumstances:

- 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 or another appropriate agency.

You have the right to receive an accounting of any such disclosure made by our office. Any use or disclosure of your protected health information, other than that outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date.

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

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 the information in a specific form please advise us in writing as to your preference.

You have the right to inspect and/or copy your health information for as long as the information remains in our file. 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 protected health 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 this 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 change in our privacy policy notice will apply for all of your health information in our files.

If you have any complaint regarding our privacy practices or any aspect of our practice activities you should direct your complaint to Dr. Donald A Ozello DC.

If you would like further information about our privacy policies and practices please contact Dr. Donald A Ozello DC.

You also have the right to lodge a complaint with the Secretary of the Department of Health and Human Services. If you choose to lodge a complaint with this office or with the Secretary your care will continue and you will not be disadvantaged by this office or our staff in any manner whatsoever.

In the event that this office ever incorporates an “open-therapy” environment. “Open-therapy” involves several patients being seen in the same therapy room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed with earshot of other patients and staff. This environment is used for ongoing care and this is **NOT** the environment used for performing patient consultations, providing examinations or presenting a report of findings. These procedures are completed in a private, confidential setting. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be treated in an “open-therapy” environment, we will do our best to make other arrangements for you.

This notice is effective as of January 1, 2025. This notice and any alterations or amendments made hereto will expire seven years from the date upon the record was created. My signature acknowledges that I have read and understand this agreement and I accept this agreement. You may receive a copy of this agreement if you request.

PATIENT NAME

SIGNATURE

DATE

If patient is a minor, or if patient is represented by another party.

NAME

SIGNATURE

DATE

Description of the authority to act on behalf of the patient