

DR. CRAIG SEITZ, D.C.
BOARD MEMBER

August 29, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

This letter is submitted as a complaint against the chiropractor whose name appears on the enclosed copy of a patient record, who allowed the original of the enclosed full or partial patient record to be placed in the public domain, revealing significant personal, private information about this specific patient as can be seen from the document itself.

This complaint is being made anonymously. It is quite clear where the original of this document came from. If you are holding a copy of it, then the chiropractor did not properly protect it.

The original of this document was found in or about the waste disposal container(s) associated with the chiropractor's office, on or about 7/3/06. In some cases piles of documents relating to patients and their treatment were strewn about the area and this document was retrieved from the street. To this day, this chiropractor's office disposes of its patient records in similar fashion.

The patient's personal information on the original patient record, including variously the patient name, date of birth, social security number, address, telephone number, insurance data, credit card numbers, cost of treatment and medical record of treatment has been partially removed from this copy so as to avoid the patient's personal information being exposed to the public... again. The chiropractor involved will surely recognize the patient name from the data remaining on the copy.

As you are well aware, given the warnings you issue, the reason for state and federal laws, not to mention your agency's own disciplinary sanctions and rules for determining loss of license for such unethical and improper behavior, is to avoid a patient's private, personal information from getting into the hands of identity thieves and others with bad intent, among other professional reasons for protecting such information. Identity thieves, and others, regularly target doctors', lawyers' and other offices to obtain this kind of information and use it to ruin people's financial and personal lives.

Clearly the chiropractor involved is not sensitive to these issues, and should be punished. Your agency's website states that every single complaint that is filed with your office is investigated. As a member of the public I trust this one will get the same attention and scrutiny as any other.

No one else has been contacted about this matter to date. The copy enclosed is document number 541.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input type="checkbox"/> Patient DOB	<input type="checkbox"/> Insurance data
<input type="checkbox"/> Patient Address	<input type="checkbox"/> Patient SSN	<input checked="" type="checkbox"/> Treatment Cost
<input type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

Ln	Acct	Day	Description	Name	Charge	Credit	Adjust
1	2842	06-27-06	Ultrasound	L C	15.00	.00	.00
2	2842	06-27-06	PT CK	L C	.00	25.00	.00
3	8	06-27-06	Manipulation	M	.00	.00	.00
4	2835	06-27-06	Manipulation	H	25.00	.00	.00
5	2835	06-27-06	Cervical-3 view	H	15.00	.00	.00
6	2835	06-27-06	CREDIT CARD a/5	H	.00	50.00	.00
7	2149	06-27-06	Manipulation	B	40.00	.00	.00
8	2149	06-27-06	PT CK	B	.00	40.00	.00
9	2174	06-27-06	Manipulation	R	30.00	.00	.00
10	2574	06-27-06	CREDIT CARD vis		.00	30.00	.00
11	622	06-27-06	Manipulation	J	24.00	.00	.00
12	622	06-27-06	PT CK II	H	.00	24.00	.00
13	247	06-27-06	Manipulation	B	25.00	.00	.00
14	247	06-27-06	PT CK	J	.00	25.00	.00
15	2386	06-27-06	Manipulation	M	40.00	.00	.00
16	2797	06-27-06	Manipulation	J	25.00	.00	.00
17	2586	06-27-06	Manipulation	R	.00	.00	.00
18	2845	06-27-06	Single Spot x-r	P	35.00	.00	.00
19	2845	06-27-06	Elec. Stim. una	P	20.00	.00	.00
20	2845	06-27-06	Man Manipulatio	P	26.11	.00	.00
21	2845	06-27-06	CREDIT CARD AMX	P	.00	55.00	.00
22	2424	06-27-06	E.M.S. (ATTENDE	P	15.00	.00	.00
23	2424	06-27-06	Chiro 25 w/ The	P	25.00	.00	.00
24	2424	06-27-06	CREDIT CARD amx	P	.00	40.00	.00
25	47	06-27-06	Manipulation	R	25.00	.00	.00
26	47	06-27-06	CREDIT CARD vis	R	.00	25.00	.00
DAY TOTAL:					481.11	310.00	.00
PREVIOUS TOTALS					9697.16	7676.15	495.83
MONTH TOTALS:					10098.27	7986.15	495.83

August 30, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
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Attn: Charles Brown, Investigator
Deputy Director

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The original of this document was found in or about the waste disposal container(s) associated with the chiropractor's office, on or about 6/26/06. In some cases piles of documents relating to patients and their treatment were strewn about the area and this document was retrieved from the street. To this day, this chiropractor's office disposes of its patient records in similar fashion.

The patient's personal information on the original patient record, including variously the patient name, date of birth, social security number, address, telephone number, insurance data, credit card numbers, cost of treatment and medical record of treatment has been partially removed from this copy so as to avoid the patient's personal information being exposed to the public... again. The chiropractor involved will surely recognize the patient name from the data remaining on the copy.

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No one else has been contacted about this matter to date. The copy enclosed is document number 992.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input type="checkbox"/> Patient DOB	<input type="checkbox"/> Insurance data
<input type="checkbox"/> Patient Address	<input type="checkbox"/> Patient SSN	<input checked="" type="checkbox"/> Treatment Cost
<input type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

Ln	Acct	Day	Description	Name	Charge	Credit	Adjust
1	2671	06-22-06	INS CK bcbs	G			
2	2671	06-22-06	Ins Pd: 05-09-0		1.00	5.27	
3	2588	06-22-06	INS CK med	A	1.00	1.00	
4	2588	06-22-06	Ins Pd: 05-25-0	A	1.00	23.94	
5	2671	06-22-06	INS CK med	G	1.00	1.00	
6	2671	06-22-06	Ins Pd: 05-23-0	G	1.00	20.95	
7	260	06-22-06	INS CK med	R	1.00	1.00	
8	260	06-22-06	Ins Pd: 06-01-0	R	1.00	20.95	
9	2695	06-22-06	INS CK Vytra	G	1.00	1.00	
10	2695	06-22-06	Ins Pd: 04-15-0	G	1.00	183.16	
11	419	06-22-06	Manipulation	R	10.00		
12	419	06-22-06	PT CK	R	10.00		
13	194	06-22-06	Manipulation	M	10.00		
14	194	06-22-06	PT CK	M	10.00		
15	1486	06-22-06	Manipulation	S	10.00	40.00	
16	1549	06-22-06	Man Manipulatio	N	25.00		
17	1546	06-22-06	Manipulation	R	26.11		
18	147	06-22-06	Manipulation	D	10.00		
19	147	06-22-06	CREDIT CARD vis	D	25.00		
20	1877	06-22-06	Manipulation	H	10.00	25.00	
21	1976	06-22-06	CREDIT CARD m	H	25.00		
22	807	06-22-06	Manipulation	K	10.00	25.00	
23	124	06-22-06	CREDIT CARD vis	R	30.00		
24	1244	06-22-06	Man Manipulatio	W	10.00	30.00	
25	1833	06-22-06	Acupuncture	K	26.11		
26	1833	06-22-06	PT CK	K	40.00		
27	31	06-22-06	Manipulation	F	10.00	80.00	
28	31	06-22-06	PT CK visa	F	20.00		
29	165	06-22-06	Manipulation	B	10.00	25.00	
30	165	06-22-06	CREDIT CARD vis	B	30.00		
31	165	06-22-06	Manipulation	B	10.00	30.00	
32	165	06-22-06	CREDIT CARD vis	B	30.00		
33	170	06-22-06	Manipulation 3-	L	10.00	30.00	
34	2555	06-22-06	Manipulation	V	10.00		
35	2555	06-22-06	CREDIT CARD vis	V	25.00		
36	2828	06-22-06	Manipulation	D	10.00	25.00	
37	2828	06-22-06	CREDIT CARD vis	D	10.00		
38	156	06-22-06	Manipulation	M	10.00	40.00	
39	156	06-22-06	CREDIT CARD vis	M	40.00		
40	13	06-22-06	Man Manipulatio	C	10.00	40.00	
41	13	06-22-06	Acupuncture	C	16.11		
42	2841	06-22-06	EP OM Brief	L	10.00		
43	2842	06-22-06	Manip. Extra sp	L	10.00		
44	2841	06-22-06	Foot X-ray	L	25.00		
45	2842	06-22-06	CREDIT CARD vis	L	10.00		
46	2841	06-22-06	Manipulation 3-	S	10.00	60.00	
47	2841	06-22-06	Rec. Stim. ma	S	15.00		

August 29, 2006

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Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

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No one else has been contacted about this matter to date. The copy enclosed is document number 30.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input type="checkbox"/> Patient DOB	<input checked="" type="checkbox"/> Insurance data
<input type="checkbox"/> Patient Address	<input type="checkbox"/> Patient SSN	<input checked="" type="checkbox"/> Treatment Cost
<input type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

SEITZ

				De	Charge	Credit	Adjust
1	1568				15.00	1.00	1.00
2	1568				15.00	35.00	1.00
3	2735	06-30-06	Manipulatio		15.00	1.00	1.00
4	2735	06-30-06	CREDIT CARD vis		30.00	1.00	1.00
5	1554	06-30-06	Manipulation		1.00	30.00	1.00
6	1554	06-30-06	PT CK		1.00	1.00	1.00
7	1606	06-30-06	Manipulation		1.00	30.00	1.00
8	1606	06-30-06	CREDIT CARD vis		1.00	1.00	1.00
9	1561	06-30-06	Acupuncture		40.00	1.00	1.00
10	1561	06-30-06	CREDIT CARD vis		1.00	1.00	1.00
11	1388	06-30-06	Manipulation		1.00	40.00	1.00
12	1388	06-30-06	CREDIT CARD vis		1.00	1.00	1.00
13	134	06-30-06	Manipulation		30.00	1.00	1.00
14	134	06-30-06	PT CK		1.00	1.00	1.00
15	1811	06-30-06	Man Manipulatio		16.11	1.00	1.00
16	1809	06-30-06	Shew Pt. Port- 1		1.00	1.00	1.00
17	1767	06-30-06	Man Manipulatio		1.00	1.00	1.00
18	1749	06-30-06	Man Manipulatio		16.11	1.00	1.00
19	1433	06-30-06	Man Manipulatio		16.11	1.00	1.00
20	622	06-30-06	Manipulation		1.00	1.00	1.00
21	622	06-30-06	CASH #		1.00	1.00	1.00
22	645	06-30-06	Manipulation		30.00	1.00	1.00
23	1371	06-30-06	Man Manipulatio		16.11	1.00	1.00
24	1586	06-30-06	Manipulation		1.00	1.00	1.00
25	425	06-30-06	Manipulation		40.00	1.00	1.00
26	150	06-30-06	CREDIT CARD vis		1.00	150.00	1.00
27	119	06-30-06	Manipulation		1.00	1.00	1.00
28	119	06-30-06	PT CK		1.00	1.00	1.00
29	646	06-30-06	Manipulation		1.00	1.00	1.00
30	646	06-30-06	CREDIT CARD vis		1.00	1.00	1.00
31	1847	06-30-06	Man Manipulatio		16.11	1.00	1.00
32	1847	06-30-06	NP OV Brief		1.00	1.00	1.00
33	1847	06-30-06	CREDIT CARD vis		1.00	1.00	1.00
34	1307	06-30-06	Man Manipulatio		16.11	1.00	1.00
35	1848	06-30-06	NP OV Brief		1.00	1.00	1.00
36	1848	06-30-06	Man Manipulatio		16.11	1.00	1.00
37	1848	06-30-06	CREDIT CARD deb		1.00	1.00	1.00
38	1755	06-30-06	Manipulation		1.00	1.00	1.00
39	1755	06-30-06	PT CK vorsa/a		1.00	1.00	1.00
40	1300	06-30-06	Manipulation		1.00	1.00	1.00
41	1300	06-30-06	CREDIT CARD vis		1.00	1.00	1.00
42	1841	06-30-06	Manipulation		30.00	1.00	1.00
43	1743	06-30-06	Manipulation		1.00	1.00	1.00
44	1743	06-30-06	CREDIT CARD del		1.00	1.00	1.00

DAY TOTAL: 753.98 635.00
 PREVIOUS TOTALS 10861.64 8820.15
 NEW MONTH TOTALS 11635.62 9455.15

August 31, 2006

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The original of this document was found in or about the waste disposal container(s) associated with the chiropractor's office, on or about 02-24-2006. In some cases piles of documents relating to patients and their treatment were strewn about the area and this document was retrieved from the street. To this day, this chiropractor's office disposes of its patient records in similar fashion.

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No one else has been contacted about this matter to date. The copy enclosed is document number 3.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input checked="" type="checkbox"/> Patient DOB	<input type="checkbox"/> Insurance data
<input checked="" type="checkbox"/> Patient Address	<input checked="" type="checkbox"/> Patient SSN	<input type="checkbox"/> Treatment Cost
<input checked="" type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

BLUE CROSS/BLUE SHIELD OF AZ/CLAIMS OFFICE
 P O BOX 1200
 PHOENIX AZ 85001

Need copy of actual plan

S [REDACTED] B [REDACTED]
 [REDACTED]
 SCOTTSDALE AZ
 [REDACTED] 480 661 [REDACTED]

X 527 [REDACTED]
 X S [REDACTED] B [REDACTED]
 [REDACTED]
 SCOTTSDALE AZ

[REDACTED] 480 661 [REDACTED]
 527 [REDACTED] 00
 [REDACTED] 58
 [REDACTED] SCHOOL

X
 X
 X

X

SIGNATURE ON FILE

06 28 05

SIGNATURE ON FILE

06 21 05

739 3 LUMBAR SEGMENTAL DYS

729 2 CERVICAL NEURITIS

5929539

06 21 05	06 21 05	11	99212	1 2	50 00
06 21 05	06 21 05	11	98941	1 2	50 00
06 23 05	06 23 05	11	98941	1 2	50 00
06 27 05	06 27 05	11	98941	1 2	50 00

86 0744800 X 1993 PR X

CRAIG SEITZ D C F
 06-28-05

200 00 200 00
 CRAIG SEITZ D C F I A C A
 10805 N 71ST WY STE D
 SCOTTSDALE AZ 85254-ND
 480 991 2700

August 31, 2006

TO: State of Arizona
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5060 N. 19th Avenue, Suite 416
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Attn: Charles Brown, Investigator
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No one else has been contacted about this matter to date. The copy enclosed is document number 5.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input checked="" type="checkbox"/> Patient DOB	<input type="checkbox"/> Insurance data
<input checked="" type="checkbox"/> Patient Address	<input checked="" type="checkbox"/> Patient SSN	<input type="checkbox"/> Treatment Cost
<input checked="" type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

August 31, 2006

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No one else has been contacted about this matter to date. The copy enclosed is document number 8.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input checked="" type="checkbox"/> Patient DOB	<input type="checkbox"/> Insurance data
<input checked="" type="checkbox"/> Patient Address	<input checked="" type="checkbox"/> Patient SSN	<input type="checkbox"/> Treatment Cost
<input checked="" type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

BLUE CROSS/BLUE SHIELD OF AZ/CLAIMS OFFICE
P O BOX 1200
PHOENIX AZ 85001

				X	601	[REDACTED]
N	[REDACTED]	B	[REDACTED]	73	X	N [REDACTED] B [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	X		[REDACTED]
SCOTTSDALE			AZ		X	SCOTTSDALE AZ
[REDACTED]	480 767	[REDACTED]		X		[REDACTED] 480 767 [REDACTED]
						100 [REDACTED] 01 1004685
				X		[REDACTED] 73 X
				X		[REDACTED] PUMPING
				X		NATIONAL ACCOUNT
						X

SIGNATURE ON FILE

06 21 05

SIGNATURE ON FILE

07 13 94

X

739 1 CERVICAL SEGMENTAL D 739 3 LUMBAR SEGME
739 2 THORACIC SEGMENTAL D 729 1 MYALGIA

05 20 05 05 20 05 11	98940	1 2 3 4	20 00
06 03 05 06 03 05 11	98940	1 2 3 4	20 00

86 9744800 X 2075 PR X

CRAIG SEITZ D C F
06-21-05

10 00 40
CRAIG SEITZ D C F I A C
19905 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

This letter is submitted as a complaint against the chiropractor whose name appears on the enclosed copy of a patient record, who allowed the original of the enclosed full or partial patient record to be placed in the public domain, revealing significant personal, private information about this specific patient as can be seen from the document itself.

This complaint is being made anonymously. It is quite clear where the original of this document came from. If you are holding a copy of it, then the chiropractor did not properly protect it.

The original of this document was found in or about the waste disposal container(s) associated with the chiropractor's office, on or about 07-24-2006. In some cases piles of documents relating to patients and their treatment were strewn about the area and this document was retrieved from the street. To this day, this chiropractor's office disposes of its patient records in similar fashion.

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Clearly the chiropractor involved is not sensitive to these issues, and should be punished. Your agency's website states that every single complaint that is filed with your office is investigated. As a member of the public I trust this one will get the same attention and scrutiny as any other.

No one else has been contacted about this matter to date. The copy enclosed is document number 9.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input checked="" type="checkbox"/> Patient DOB	<input type="checkbox"/> Insurance data
<input checked="" type="checkbox"/> Patient Address	<input checked="" type="checkbox"/> Patient SSN	<input type="checkbox"/> Treatment Cost
<input checked="" type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

MEDICARE PART B/MEDICARE CLAIMS ADMIN
P O BOX 6704
FARGO ND 58108 6704

X

W [REDACTED] G [REDACTED] [REDACTED] 27 X

[REDACTED] X

WICHITA KS X

[REDACTED] 480 991 [REDACTED] X

X

X

X

513 [REDACTED]

W [REDACTED] G [REDACTED]

[REDACTED]

WICHITA KS

[REDACTED] 480 991 [REDACTED]

513 [REDACTED]

[REDACTED] 27 X

RETIRED

X

SIGNATURE ON FILE

06 21 05

SIGNATURE ON FILE

12 01 03

TX PHS:20 XRAY: SUBLX:1 5

X

739 3 LUMBAR SEGMENTAL DYS

724 2 LUMBALGIA

05 27 05 05 27 05 11	97810	1 2	40 00
06 02 05 06 02 05 11	97810	1 2	40 00
06 03 05 06 03 05 11	97810	1 2	40 00
06 16 05 06 16 05 11	97810	1 2	40 00
06 17 05 06 17 05 11	97810	1 2	40 00

86 0744800 X 2469 MM X

CRAIG SEITZ D C F
06-21-05

200 00 200 00
CRAIG SEITZ D C F I A C A
10805 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

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No one else has been contacted about this matter to date. The copy enclosed is document number 11.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Patient Name | <input checked="" type="checkbox"/> Patient DOB | <input type="checkbox"/> Insurance data |
| <input checked="" type="checkbox"/> Patient Address | <input checked="" type="checkbox"/> Patient SSN | <input type="checkbox"/> Treatment Cost |
| <input checked="" type="checkbox"/> Patient Telephone # | <input checked="" type="checkbox"/> Treatment Details | <input type="checkbox"/> Other |

UNITED HEALTHCARE/CLAIMS
P O BOX 30555
SALT LAKE CITY UT 84130

I [REDACTED] T [REDACTED] [REDACTED] 59 X [REDACTED] D [REDACTED]
[REDACTED] X [REDACTED]
SCOTTSDALE AZ X SCOTTSDALE AZ
[REDACTED] 602 788 [REDACTED] X [REDACTED] 602 788 [REDACTED]
484 [REDACTED]
X [REDACTED] 59 X
X [REDACTED]
X
X

SIGNATURE ON FILE

09 13 07

SIGNATURE ON FILE

08 20 02

729 1 CERVICAL MYALGIA 739 2 PROLACTIC SEG
739 1 CERVICAL SEGMENTAL D

09 06 07 09 06 05 11	98941	1 2 3	59 00
09 09 05 09 09 05 11	98941	1 2 3	59 00
09 09 05 09 09 05 11	98943	1 2 3	25 00
09 09 05 09 09 05 11	99211	1 2 3	33 00

86 244400 X 1707 BR X

CRAIG SEITZ D.C. P
09-13-05

155 00 155 00
CRAIG SEITZ D.C. P I A C A
1806 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
180 991 2700

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

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No one else has been contacted about this matter to date. The copy enclosed is document number 12.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input checked="" type="checkbox"/> Patient DOB	<input type="checkbox"/> Insurance data
<input checked="" type="checkbox"/> Patient Address	<input checked="" type="checkbox"/> Patient SSN	<input type="checkbox"/> Treatment Cost
<input checked="" type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

MEDICARE PART B/MEDICARE CLAIMS ADMIN
P O BOX 6704
FARGO ND 58108 6704

W [REDACTED] G [REDACTED] [REDACTED] 27 X
[REDACTED] X
WICHITA KS X
[REDACTED] 480 [REDACTED] 3494 X
X
X
X

513 [REDACTED]
W [REDACTED] G [REDACTED] [REDACTED]
WICHITA KS
[REDACTED] 480 [REDACTED] 3494
513 [REDACTED]
[REDACTED] 27 X
RETIRED
X

SIGNATURE ON FILE

12 07 04

SIGNATURE ON FILE

12 01 03

TX PHS:9 XRAY: SUBLX:L 5
739 3 LUMBAR SEGMENTAL DYS
724 2 LUMBALGIA

X

12 02 04 12 02 04 11 98941AT 1 2 36 04
12 02 04 12 02 04 11 97780 1 2 40 00

86 0744800 X 2469 MM X

CRAIG SEITZ D C F
12-07-04

76 04 76 04
CRAIG SEITZ D C F I A C A
10805 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

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No one else has been contacted about this matter to date. The copy enclosed is document number 15.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input checked="" type="checkbox"/> Patient DOB	<input type="checkbox"/> Insurance data
<input checked="" type="checkbox"/> Patient Address	<input checked="" type="checkbox"/> Patient SSN	<input type="checkbox"/> Treatment Cost
<input checked="" type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

MEDICARE PART B/MEDICARE CLAIMS ADMIN
P O BOX 6704
FARGO ND 58108 6704

A [REDACTED] N [REDACTED] P [REDACTED] [REDACTED] 37
[REDACTED]
X
SCOTTSDALE AZ X
[REDACTED] 480 [REDACTED] 6506

115 [REDACTED]
X A [REDACTED] N [REDACTED] P [REDACTED]
[REDACTED]
SCOTTSDALE AZ
[REDACTED] 480 [REDACTED] 6506

115 [REDACTED]
[REDACTED] 37 X
X
X
X

SIGNATURE ON FILE

12 07 04

SIGNATURE ON FILE

08 09 04

TX PHS:18 XRAY:080906 SUBLX:
739 3 LUMBAR SEGMENTAL DYS
728 85 LUMBAR MUSCLE SPASM

X

11 30 04 11 30 04 11 98940AT 1 2 25 97
11 30 04 11 30 04 11 97780 1 2 40 00

86 0744800 X 2588 MM X
CRAIG SEITZ D C F
12-07-04

65 97 65 97
CRAIG SEITZ D C F I A C A
10805 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

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No one else has been contacted about this matter to date. The copy enclosed is document number 38.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input checked="" type="checkbox"/> Patient DOB	<input checked="" type="checkbox"/> Insurance data
<input checked="" type="checkbox"/> Patient Address	<input checked="" type="checkbox"/> Patient SSN	<input checked="" type="checkbox"/> Treatment Cost
<input checked="" type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

BLUE CROSS/BLUE SHIELD OF AZ/CLAIMS OFFICE
P O BOX 1200
PHOENIX AZ 85001

CLM: [REDACTED] 9465 [REDACTED]

X [REDACTED] 5012

Need new ID#

R [REDACTED] J [REDACTED]

[REDACTED] 71

X R [REDACTED] J [REDACTED]

[REDACTED]

X

[REDACTED]

PHOENIX

AZ X

PHOENIX

AZ

[REDACTED] 9628

[REDACTED] 9628

[REDACTED] 530 030

X

[REDACTED] 97

X

X

X

[REDACTED]

X

SIGNATURE ON FILE

08 09 05

SIGNATURE ON FILE

01 03 00

X

847 2 LUMBAR SPRAIN OR STR

729 2 CERVICAL NEURITIS

08 08 05 08 08 05 11 1 98941

1 2 50 00

08 08 05 08 08 05 11 1 97810

1 2 40 00

86 0744800 X 893 BS X

90 00 90 00
CRAIG SEITZ D C F I A C A
10605 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700
AZ0234420

CRAIG SEITZ D C F
08-09-05

[Handwritten signature]

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

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Anonymous

Data exposed:

<input checked="" type="checkbox"/> Patient Name	<input checked="" type="checkbox"/> Patient DOB	<input checked="" type="checkbox"/> Insurance data
<input checked="" type="checkbox"/> Patient Address	<input checked="" type="checkbox"/> Patient SSN	<input checked="" type="checkbox"/> Treatment Cost
<input checked="" type="checkbox"/> Patient Telephone #	<input checked="" type="checkbox"/> Treatment Details	<input type="checkbox"/> Other

UNITED HEALTHCARE/CLAIMS
P O BOX 30555
SALT LAKE CITY UT 84130

X [REDACTED] 2220

I [REDACTED] T [REDACTED] [REDACTED] 59

X [REDACTED] D [REDACTED]

X

SCOTTSDALE AZ X

SCOTTSDALE AZ

[REDACTED] [REDACTED] 5964 X

[REDACTED] [REDACTED] 5964

[REDACTED] 7730

X

[REDACTED] 59 X

X

X

X

SIGNATURE ON FILE

10 31 05

SIGNATURE ON FILE

08 20 02

X

729 I CERVICAL MYALGIA 739 E THORACIC SEG

739 I CERVICAL SEGMENTAL D

10 25 05 10 25 05 11 98941

1 2 3 50 00

48 1294262 X 007 PR X

50 00 50 00

CRAIG SEITZ D C F
10-31-05

CRAIG SEITZ D C F
10805 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

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No one else has been contacted about this matter to date. The copy enclosed is document number 42.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Patient Name | <input checked="" type="checkbox"/> Patient DOB | <input checked="" type="checkbox"/> Insurance data |
| <input checked="" type="checkbox"/> Patient Address | <input checked="" type="checkbox"/> Patient SSN | <input checked="" type="checkbox"/> Treatment Cost |
| <input checked="" type="checkbox"/> Patient Telephone # | <input checked="" type="checkbox"/> Treatment Details | <input type="checkbox"/> Other |

UNITED HEALTHCARE/CLAIMS
P O BOX 30555
SALT LAKE CITY UT 84130

D [REDACTED] U [REDACTED] [REDACTED] 62
[REDACTED]
X

PHOENIX AZ X
[REDACTED] [REDACTED] 0399 X

01 13 04

SIGNATURE ON FILE

10 31 05

729 1 MYALGIA
739 1 CERVICAL SEGMENTAL 1

739 2 THORACIC SEG

10 27 05 10 27 05 11 9844

1 2 3 50 00

48 1294252 X 2 366 98 X
CRAIG SEITZ D C F
10 31 05

X [REDACTED] 7747
X D [REDACTED] U [REDACTED]
[REDACTED]

PHOENIX AZ

[REDACTED] [REDACTED] 0399
[REDACTED] 0258

[REDACTED] 62 X

SELF

SIGNATURE ON FILE

10 31 05 10 31 05
CRAIG SEITZ D C F I A C A
10805 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
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Deputy Director

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Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Patient Name | <input checked="" type="checkbox"/> Patient DOB | <input checked="" type="checkbox"/> Insurance data |
| <input checked="" type="checkbox"/> Patient Address | <input checked="" type="checkbox"/> Patient SSN | <input checked="" type="checkbox"/> Treatment Cost |
| <input checked="" type="checkbox"/> Patient Telephone # | <input checked="" type="checkbox"/> Treatment Details | <input type="checkbox"/> Other |

GREAT WEST HREALTHCARE
1000 GREAT WEST DR
KENNETT MO 63857

X [REDACTED] 4972

X S [REDACTED] M [REDACTED]

[REDACTED] 69

X

SCOTTSDALE

AZ

X

SCOTTSDALE

AZ

480 [REDACTED] 8907

X

480 [REDACTED] 8907

[REDACTED] 4972

X

[REDACTED] 69

X

X

X

X

SIGNATURE ON FILE

08 09 05

SIGNATURE ON FILE

08 03 05

847 2 LUMBAR SPRAIN OR STR 739 2 THORACIC SEG

739 1 CERVICAL SEGMENTAL D 739 3 LUMBAR SEGME

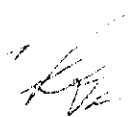
86 0744800

X

1402 9R

X

CRAIG SEITZ D.C. F
08-09-05



90 00

CRAIG SEITZ D.C. F I A C A
10805 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

This letter is submitted as a complaint against the chiropractor whose name appears on the enclosed copy of a patient record, who allowed the original of the enclosed full or partial patient record to be placed in the public domain, revealing significant personal, private information about this specific patient as can be seen from the document itself.

This complaint is being made anonymously. It is quite clear where the original of this document came from. If you are holding a copy of it, then the chiropractor did not properly protect it.

The original of this document was found in or about the waste disposal container(s) associated with the chiropractor's office, on or about 07-24-2006. In some cases piles of documents relating to patients and their treatment were strewn about the area and this document was retrieved from the street. To this day, this chiropractor's office disposes of its patient records in similar fashion.

The patient's personal information on the original patient record, including variously the patient name, date of birth, social security number, address, telephone number, insurance data, credit card numbers, cost of treatment and medical record of treatment has been partially removed from this copy so as to avoid the patient's personal information being exposed to the public... again. The chiropractor involved will surely recognize the patient name from the data remaining on the copy.

As you are well aware, given the warnings you issue, the reason for state and federal laws, not to mention your agency's own disciplinary sanctions and rules for determining loss of license for such unethical and improper behavior, is to avoid a patient's private, personal information from getting into the hands of identity thieves and others with bad intent, among other professional reasons for protecting such information. Identity thieves, and others, regularly target doctors', lawyers' and other offices to obtain this kind of information and use it to ruin people's financial and personal lives.

Clearly the chiropractor involved is not sensitive to these issues, and should be punished. Your agency's website states that every single complaint that is filed with your office is investigated. As a member of the public I trust this one will get the same attention and scrutiny as any other.

No one else has been contacted about this matter to date. The copy enclosed is document number 46.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

Patient Name
 Patient Address
 Patient Telephone #

Patient DOB
 Patient SSN
 Treatment Details

Insurance data
 Treatment Cost
 Other

BLUE CROSS/BLUE SHIELD OF AZ/CLAIMS OFFICE
P O BOX 1200
PHOENIX AZ 85001

H [REDACTED] T [REDACTED] [REDACTED] 45 X
[REDACTED] X
SCOTTSDALE AZ
[REDACTED] 480 [REDACTED] 5458 X

X 488 [REDACTED]
H [REDACTED] T [REDACTED]
[REDACTED] X
SCOTTSDALE AZ
[REDACTED] 480 [REDACTED] 5458

[REDACTED] 738
[REDACTED] 45 X
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11-11-04

145 00 145 00
CRAIG SEITZ D C F J A C A
10805 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

August 31, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

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No one else has been contacted about this matter to date. The copy enclosed is document number 50.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Patient Name | <input checked="" type="checkbox"/> Patient DOB | <input checked="" type="checkbox"/> Insurance data |
| <input checked="" type="checkbox"/> Patient Address | <input checked="" type="checkbox"/> Patient SSN | <input checked="" type="checkbox"/> Treatment Cost |
| <input checked="" type="checkbox"/> Patient Telephone # | <input checked="" type="checkbox"/> Treatment Details | <input type="checkbox"/> Other |

MEDICARE PART B/MEDICARE CLAIMS ADMIN
P O BOX 6704
FARGO ND 58108 6704

[Redacted] N [Redacted] P [Redacted]
[Redacted]

SCOTTSDALE AZ
[Redacted] 480 [Redacted] 6506

[Redacted] 37
X

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115 [Redacted]

X A [Redacted] N [Redacted] P [Redacted]

[Redacted]

SCOTTSDALE AZ
[Redacted] 480 [Redacted] 6506

115 [Redacted]

[Redacted] 37

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X

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TX PHS:17 XRAY:080906 SUBLX:

739 3 LUMBAR SEGMENTAL DYS

728 85 LUMBAR MUSCLE SPASM

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P [Redacted] N [Redacted]

her claim
was denied

Earlier is it

X

the Df ?

very plea let me know Ed

65 97

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CRAIG SEITZ D C F I A C A
10805 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

I think you
need a diagnosis
from cat #2
per Medicare
guidelines
Ck sheet

August 29, 2006

TO: State of Arizona
Board of Chiropractic Examiners
5060 N. 19th Avenue, Suite 416
Phoenix, AZ 85015
Attn: Charles Brown, Investigator
Deputy Director

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Clearly the chiropractor involved is not sensitive to these issues, and should be punished. Your agency's website states that every single complaint that is filed with your office is investigated. As a member of the public I trust this one will get the same attention and scrutiny as any other.

No one else has been contacted about this matter to date. The copy enclosed is document number 287.

Thank you for your attention, and anticipated professional corrective action.

Anonymous

Data exposed:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Patient Name | <input checked="" type="checkbox"/> Patient DOB | <input checked="" type="checkbox"/> Insurance data |
| <input checked="" type="checkbox"/> Patient Address | <input checked="" type="checkbox"/> Patient SSN | <input checked="" type="checkbox"/> Treatment Cost |
| <input checked="" type="checkbox"/> Patient Telephone # | <input checked="" type="checkbox"/> Treatment Details | <input type="checkbox"/> Other |

BLUE CROSS/BLUE SHIELD OF AZ/CLAIMS OFFICE
P O BOX 1200
PHOENIX AZ 85000

X

S [REDACTED] B [REDACTED]

[REDACTED] 62 X

S [REDACTED] B [REDACTED]

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[REDACTED]

CAREFREE

AZ

CAREFREE

AZ

[REDACTED] 480 [REDACTED] 8532

85377 480 [REDACTED] 8532

9915 [REDACTED]

X

[REDACTED] 62 X

X

X

X

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X

840 5 SPRAIN/STRAIN SHOUL

723 1 CERVICALGIA

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40 00

5 07/4/13

X

1973 02

X

40 00

40 00

EDWARD DIMAULO D.C.
11-29-05

EDWARD DIMAULO D.C. F.A.C.A.
10805 N 71ST WY STE D
SCOTTSDALE AZ 85254-ND
480 991 2700

Edward D. Dimaulo DC