

Notice of Privacy Practices

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

HOW THE PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

The Practice, in accordance with this Notice and without asking for your express consent or authorization, may use and disclose your PHI for the purposes of:

(a) **Treatment** – To provide you with the health care you require, the Practice may use and disclose your PHI to those health care professionals, whether on the Practice's staff or not, so that it may provide, coordinate, plan and manage your health care. For example, a chiropractor treating you for lower back pain may need to know and obtain the results of your latest physician examination or last treatment plan.

(b) **Payment** – To get paid for services provided to you, the Practice may provide your PHI, directly or through a billing service, to a third party who may be responsible for your care, including insurance companies and health plans. For example your health plan may request and receive information on dates of service, the services provided and the medical condition being treated. If necessary, the Practice may use your PHI in other collection efforts with respect to all persons who may be liable to the Practice for bills related to your care.

(c) **Health Care Operations** – To operate in accordance with applicable law and insurance requirements, and to provide quality and efficient care, the Practice may need to compile, use and disclose your PHI. For example, the Practice may use your PHI to evaluate the performance of the Practice's personnel in providing care to you.

OTHER EXAMPLES OF HOW THE PRACTICE MAY USE YOUR PROTECTED HEALTH INFORMATION (PHI)

- (a) **Advice of Appointment and Services** – The Practice may contact you to provide appointment reminders. The following appointment reminders may be used by the Practice: telephoning your home and leaving a message on your answering machine or with the individual answering the phone.
- (b) **Directory/Sign-In Log** – The Practice maintains a sign-in log at its reception desk for individuals seeking care and treatment in the office. This information may be seen by, and is accessible to, others who are seeking care or services in the Practice's offices.

- (c) **Family/Friends** – The Practice may disclose to a family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person’s involvement with your care or the payment for your care. However the following conditions will apply:
- (i) If you are present at or prior to the use or disclosure of your PHI, the Practice may use or disclose your PHI if you agree, or if the Practice can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.
 - (ii) If you are not present, the Practice will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person’s involvement with your care.
- (d) **Law Enforcement Purposes** – The Practice may use and disclose PHI, when authorized, to a law enforcement official.
- (e) **Workers’ Compensation** – The Practice may use and disclose PHI if you are involved in a Workers’ Compensation claim to an individual or entity that is part of the Workers’ Compensation system.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization.

YOUR RIGHTS

You have the right to:

- (a) Revoke any Authorization or consent you have given to the Practice, at any time. To request a revocation, you must submit a written request to the Practice’s Privacy Officer.
- (b) Request special restrictions on certain uses and disclosures of your PHI as authorized by law. Except in certain instances, the Practice may not be obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice’s Privacy Officer. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.
- (c) Receive confidential communications. You must make your request in writing to the Practice’s Privacy Officer. The Practice will accommodate all reasonable requests.
- (d) Inspect and copy your PHI. To inspect and copy your PHI, you must submit a written request to the Practice’s Privacy Officer. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain

situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.

(e) Amend your PHI. To request an amendment, you must submit a written request to the Practice's Privacy Officer. The Practice may deny your request. If you disagree with the Practice's denial, you will have the right to submit a written statement of disagreement.

(f) Receive an accounting of disclosures of your PHI. To request an accounting, you must submit a written request to the Practice's Privacy Officer.

(g) Complain to the Practice or to the Secretary of HHS if you believe your privacy rights have been violated. To file a complaint with the Practice, you must contact the Practice's Privacy Officer in writing. You will not be retaliated against for filing a complaint.

To obtain more information about your privacy rights, have questions you want answered about your rights or to file a complaint you may contact Practice's Privacy Officer:

Paula Yovine, PMAC
PO Box 1550, 3433 Rt. 9W
Highland, NY 12528
(845) 691-3654

effective date: 4/14/03

PRACTICE’S REQUIREMENTS

The Practice:

(a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice’s legal duties and privacy practices with respect to your PHI.

(b) Under the Privacy Rule, may be required by State law to grant greater access or maintain greater restrictions on the use or release of your PHI than that which is provided for under federal law.

(c) Is required to abide by the terms of this Privacy Notice.

(d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.

(e) Will distribute any revised Privacy Notice to you prior to implementation.

(f) Will not retaliate against you for filing a complaint.

EFFECTIVE DATE

This Notice is in effect as of 04/15/03.

PATIENT ACKNOWLEDGEMENT

By subscribing my name below, I acknowledge receipt of a copy of this Notice, and my understanding and my agreement to its terms.

Print patient name: _____

Signature: _____

Date: _____

Signature of patient representative: _____
(Required if the patient is a minor or an adult who is unable to sign the form)

Relationship of patient representative: _____