



## NOTICE OF PRIVACY POLICIES AND PRACTICES

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

This notice describes how the personal information we collect will be used to disclose. It also describes your rights as they relate to your protected health information. This notice is effective April 14, 2003 and applies to all protected information as defined by Federal Regulation.

### **UNDERSTANDING YOUR MEDICAL RECORD/ HEALTH INFORMATION**

Each time you visit our office a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- Legal documents outlining and describing the care you received
- Tools that you or another payer (your insurance company) will use to verify that services billed were actually provided
- Basis for public health officials who might use this information to assess and/ or improve state as well as national healthcare standards
- A tool that we can reference to ensure the highest quality of care and patient satisfaction.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

### **YOUR RIGHTS**

You have certain rights under the federal privacy standards. These include:

- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected information (.75) per page
- The right to amend or submit correction to your protected information
- The right to receive an account of how and to whom your protected health information has been disclosed

### **OUR RESPONSIBILITIES**

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and locations

As permitted by the law we reserve the right to amend or modify our privacy policies and practices. These changes may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we can provide you with a revised notice if requested. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or discontinue using or disclosing your information after we have received a written revocation of the authorizing according to procedures included in the authorization.

Patient initial \_\_\_\_\_

## HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We will use your health information for treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment. Your Health Plan, No Fault carrier or Worker's Compensation carrier may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for services rendered to you.

**Business Associates.** In some instances we have contracted separate entities to provide services for us. These "Associates" require your health information in order to accomplish the tasks that we ask them to provide. Some examples would be a billing service, collection agency, answering services, computer software provider or note services.

**Communication with family.** Due to the nature of our field we will use our best judgment when disclosing health information to a family member or any other person that is involved in your care that you have authorized to receive this information. Please inform the practice when you DO NOT wish a family member or other individual to have authorization to receive information.

**Health Care Oversight.** Federal law requires us to release your information to an appropriate health oversight agency, public health authority, attorney, or other federal/state appointee if there are any circumstances that require us to do so.

**Your Legal Representatives.** If you are being represented by an attorney relative to a personal injury, work injury or no fault injury, information requested from an attorney will be provided.

**Public Health Reporting.** Your health information may be disclosed to public health agencies as required by law.

**Law Enforcement.** Your health information may be disclosed to law enforcement agencies without your permission to support government audits and inspections, to facilitate law enforcement investigation and to comply with government mandated reporting.

**Appointment Reminders.** Typically appointment reminders are a brief non-specific message left on your answering machine. If you DO NOT approve of this method or prefer alternative methods, please inform the practice.

**Other uses and disclosures.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information, you must submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undue any use or disclosure of information that occurred before you notified us of your decision.

If you believe that your privacy rights have been violated, you may contact The Practice Privacy Official or you may file a complaint with the Office of Civil Rights, United States Department of Health and Human Services. There will be no retaliation for filing a complaint with this office.

"THIS RELEASE IS FOR THE PURPOSE OF PROVIDING PERSONAL HEALTH INFORMATION TO THE REQUESTING PARTIES. I HEREBY AUTHORIZE **PERINTON HILLS CHIROPRACTIC, PC** TO FURNISH ANY RECORDES PERTAINING TO MY MEDICAL HISTORY, SERVICES RENDERED, INVESTIGATION OR EVALUATION OF THE CLAIM."

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_