

# Notice of Privacy Practices For LAMBOY CHIROPRACTIC

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

## **Understanding Your Medical Record**

Each time you visit our office, a record of your visit is made. Our office may also keep records relating to telephone and mail communications with you and with others involved in your healthcare. Typically, our records contain information regarding your symptoms, examinations and test results, diagnoses, treatment and plans for future care and treatment. This information, often referred to as your medical record or health information, serves as a:

- ❖ Basis for planning your care and treatment
- ❖ Means of communicating among the healthcare professionals who contribute to your care
- ❖ Means by which you or an insurer can verify billing information
- ❖ Tool for educating health professionals
- ❖ Source of data for medical research
- ❖ Source of information for public health officials charges with improving the health of the nation
- ❖ Source of data for facility planning
- ❖ Tool with which we can access and work to improve the care we render and the outcomes we achieve

## **Examples of how your health information may be used and disclosed for treatment, payment and health operations**

### ***We will use your health information for treatment purposes.***

For example, information about you, obtained by a member of this office's healthcare team, will be recorded in your record and will be shared by other members of this office's healthcare team who are involved in your care and treatment. If you are referred for testing, care or treatment to another healthcare professional, our office will provide that healthcare professional with information about you that should assist him or her in providing services to you.

### ***We will use and disclose your health information for payment purposes.***

For example, a bill may be sent to you or to an insurer/third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, test results, treatments and attendant supplies.

### ***We will use and disclose your health information for regular health operations.***

The following are examples of how your health information may be used and disclosed for regular health operations:

- ❖ There are some services provided for and to our office through agreements with business associates. These may include transcription and copying services, billing services, office management services, and the services of professionals such as our attorneys, accountants and insurance agents. We may disclose your health information to our business associates so that they can perform their services. To protect your health information, we require our business associates to safeguard your health information appropriately.

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- ❖ We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.
- ❖ Health professionals may disclose to your family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- ❖ To further medical science, we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information
- ❖ We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.
- ❖ We may disclose to the FDA health information concerning adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.
- ❖ We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- ❖ As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- ❖ We may disclose health information for law enforcement purposes, as required by law, or in response to a subpoena.

### **Your Health Information Rights**

Your medical record is the physical property of our office. You do, however, have rights with respect to your health information. Subject to certain requirements and limitations set out in federal and state laws, you have the right to:

- ❖ Review this Notice of Privacy Practices
- ❖ Authorize uses and disclosure of health information for purposes other than treatment, payment and health operations
- ❖ Opt-out of disclosure of information to family members or others who may be assisting with your care
- ❖ Request restrictions on certain uses and disclosures of your health information (our office, however, is not required to agree to such restrictions)
- ❖ Receive confidential communications from this office, if requested
- ❖ Obtain a written copy of this notice, upon request
- ❖ Inspect and copy your own health information
- ❖ Under certain circumstances, to appeal denials of access to your own health information
- ❖ Amend incorrect or incomplete health information, subject to certain limitations
- ❖ Request communication of your health information by alternate means or at alternate locations
- ❖ Revoke your authorization to use or disclose your health information (except to the extent that action has already been taken)
- ❖ File a complaint with this office or with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated

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## **Our Office's Responsibilities**

Subject to limitations out in the Health Insurance Portability and Accountability Act (HIPPA) and other relevant laws, our office is required to:

- ❖ Maintain the privacy of your health information
- ❖ Provide you with a notice regarding our legal duties and privacy practices with respect to information we collect and maintain about you
- ❖ Abide by the terms of this notice
- ❖ Notify you if we are unable to agree to a requested restriction
- ❖ Accommodate reasonable requests you may have to communicate health information by an alternate means or at alternate locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, you may request a revised notice.

If you believe your privacy rights have been violated, we encourage you to file a complaint with the Secretary of Health and Humans Service. There will be no retaliation for filing a complaint.

If you have questions, wish to obtain a copy of your health information or an accounting of disclosures of your health information, wish to amend your health information, or would like additional information, you may contact us at: 516-249-4488, or write to our office at 245 Conklin Street, Farmingdale, NY 11735.

Effective Date: April 22, 2003

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LAMBOY CHIROPRACTIC**

I, \_\_\_\_\_, do hereby attest to having read and understood the Notice of Privacy Practices for Lamboy Chiropractic.

**Sign Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_