

Enfield Chiropractic

Privacy Office: Robert J Langone, D.C.
74 Palomba Dr., Enfield Ct 06082

HIPPA “NOTICE OF PRIVACY PRACTICES”

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully and then sign the acknowledgement at the end.

This Notice of Privacy Practice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician’s practice.

The following are examples of the types of uses and disclosures of your protected health care information that the physician’s office and the billing department are permitted to make.

TREATMENT

We will use and disclose your protected health information (PHI) to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physician’s who may be treating you when we have the necessary permission or authorization for you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI time-to-time to another physician or health care provider who, at request of yourself or your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

PAYMENT

Your protected health information (PHI) will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits reviewing services provided to you for medical necessity, and undertaking utilization review activities. (For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.)

HEALTH CARE OPERATIONS

We may use or disclose, as needed your protected health information (PHI) in order to support the business activities of your physician’s practice. These activities include, but are not limited to quality assessment activities, employment review activities, training of medical students, licensing, and conduction or arranging for other business

activities. We may disclose your protected health information to medical students that see patients in our office. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and the name of your physician. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointments. We will share your PHI with third party "business associates" that perform various activities (For example, billing and transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use of disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest of you. We may also use and disclose your protected health information for other marketing activities. (For example: your name and address may be used to send you a newsletter about our practice and the services we offer.) We may also send you information about records or services that we believe may be beneficial to you. We may be required by law to disclose records that you have not authorized. (For example: if we receive a subpoena for the records or if we need to disclose your PHI to protect public health.) We will keep all disclosure of your medical records to the minimum necessary.

OTHERS INVOLVED IN YOUR HEALTHCARE

Unless you object, we may disclose your projected health information to a member of your family, a relative or to any other person that you identify. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your protected health information to an authorized public or private entity to assist or to coordinate your care. For example: the authorized entities may include, but are not limited to, research, death, organ donation, public health and safety, abuse or neglect, food and drug administration, criminal activity, and oversight agencies re: audits, investigations and inspections (which include government agencies, government benefit programs, and government regulatory programs and civil rights laws.) Also, we may use or disclose your protected health information when we are required to do so by law.

PATIENT RIGHTS

1. You have the right to inspect and copy your health information. (Prior notice required, fees may apply)
2. If you feel that the health information we have about you is incomplete or inaccurate, you have the right to request an amendment to your medical records. The request must be made in writing with the reason that supports your request. If we do not agree with your statement, you have a right to ask that your statement be placed in medical record.
3. You have the right to find out how your health information is used and to whom it is disclosed. You may request an accounting of your medical record disclosures made by us except for disclosures made for treatment, payment, and health care operations.
4. You have the right to receive a paper copy of this notice.
5. You may be asked to sign a specific authorization for the release of medical records for disclosure of your protected health information.
6. You have the right to request that we communicate with you in confidence about your PHI.
7. You have the right to request that we communicate with you about your PHI by different means or to different locations. Your request must be made in writing.

COMPLAINTS

We are required by law to maintain the privacy of your protected health information (PHI). You may complain to the Secretary of the U.S Department of Health and Human Services or you may complain to us if you believe that you privacy rights have been violated. You may reach our Privacy Contact: You may reach our privacy officer; Vicki Langone @860 745-7600 or email fibro.epc@comcast.net

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices regarding my personal health information (PHI). I have been provided an opportunity to review it. I understand that this notice of privacy is to protect my personal health information (PHI).

Patient Name: _____ **Date of Birth:** _____

Signature: _____ **Date:** _____