

## **NOTICE OF PRIVACY PRACTICES**

The purpose of this notice is to describe how your medical information is used, whom it is disclosed to and how you gain access to it.

The chiropractor as a healthcare provider is permitted by law to collect, use and disclose your “protected health information” or medical record for the purpose of treatment, payment, internal business operations or as required by law for reporting purposes.

You have certain rights including access to your information and some control over who has access to your information.

David Trimboli, D.C. agrees to abide by the terms of this notice but reserves the right to change the terms at any time. Should we do so, we will notify you in writing.

**I. Use and Disclosure of Protected Health Information:** When you sign a consent form to be treated, your protected health information is used to treat you, to bill you or your insurance company for your care and to make decisions on how to provide healthcare services for you, your family and the community we take care of. Your physician, office staff and others outside of the medical group i.e. your insurer are allowed access to this information. Some examples of uses and disclosures of your protected health information are for:

- \* treatment by your doctor
- \* payment for your treatment by you or your insurance
- \* the chiropractor to determine if we meet the needs of our patients
- \* reporting public health risks
- \* appointment reminders
- \* law enforcement
- \* coroners, funeral directors
- \* worker's compensation

### **II. Your Rights Regarding Your Protected Health Information:**

- A. You have the right **to inspect and to obtain a copy** of your protected health information for as long as your doctor maintains your record<sup>1</sup>
- B. You have the right **to restrict or to limit the use of your** protected health information that we use for treatment, payment or operations.<sup>2</sup> You can restrict the release of your health information to family or friends unless they have your written or verbal permission.
- C. You have the **right to request an accounting of disclosures made of your health information.**<sup>3</sup>
- D. You have the right **to amend your protected health information.**<sup>4</sup>
- E. You have the right **to request confidential communications** as long as it is done in writing.<sup>5</sup>

*If you feel your privacy rights have been violated, you may file a complaint, which will be forwarded to our Compliance Officer.*

<sup>1</sup> We are permitted by NYS law to charge you a fee of up to 75 cents per page.

<sup>2</sup> David Trimboli, D.C. reserves the right to deny you treatment should you restrict the use of your protected health information for treatment, payment or operations.

<sup>3</sup> Your request must be submitted in writing, specifying dates and time periods as far back as six years from today, as long as the events in question happened after April 12, 2003.

<sup>4</sup> To amend your health information, your request must be given in writing along with a reason for doing so. Your request can be denied if the information originated outside the office of David Trimboli, D.C.

<sup>5</sup> For example, you can specify that we only contact you at work, at home or by mail, etc.