

IMBROGNO CHIROPRACTIC CENTER, P.A.

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

In the course of your care as a patient at Imbrogno Chiropractic Center P.A., we may use or disclose your personal and health related information, also known as, protected health information or PHI. Under federal law, we are permitted or required to use or disclose your health information without your consent or authorization in certain circumstances:

USES AND DISCLOSURES WHICH DO NOT REQUIRE YOUR AUTHORIZATION:

- *TREATMENT: Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- *PAYMENT: Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, automobile insurer, workers compensation insurer or your employer, if they are or may be responsible for the payment of services. PHI may also be used to seek payment from credit card companies that you may use to pay for services.
- *HEALTH CARE OPERATIONS: Your PHI may be disclosed to operate this practice. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provide services to you.
- *LAW ENFORCEMENT: When federal, state or local law, judicial or administrative proceedings, government audits and inspections, or law enforcement requires disclosure.
- *PUBLIC HEALTH: PHI may be disclosed to public health agencies as required by law.
- *ADDITIONAL CIRCUMSTANCES:
 - *If we are providing health care services to you based on the orders of another health care provider.
 - *If we provide health care services to you in an emergency.
 - *If we are ordered by the courts or another appropriate agency.

Disclosure of your PHI or its use for any purpose other than those listed above requires your specific written authorization.

USES AND DISCLOSURES WHICH REQUIRE YOUR AUTHORIZATION:

- *APPOINTMENT REMINDERS: Your name, address, phone numbers (home, work, cell), and your health care records may be used to contact you regarding appointment reminders. If you are not available to receive an appointment reminder, a message may be left.
- *HEALTH RELATED SERVICES: Information about alternatives to your present care, or other health related information that may be of interest to you.
- *MAILINGS: We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a different form please advise us in writing as to your preferences.

You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you.

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INDIVIDUAL RIGHTS

*You have the right to request restrictions on the use and disclosure of your PHI. You must submit your request for restrictions in writing, and we will abide by them except in emergency situations.

* You have the right to choose how we send PHI to you. You have the right to ask that we send information to you to at an alternate address or by alternate means. We will agree to your request so long as we can easily provide it in the format you requested.

*You have the right to inspect and/or copy your PHI from the date that the record was created or as long as the information remains in our files (seven years). You must make the request in writing. We will respond to you within 30 days after receiving your written request. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. If you request copies of your PHI, we may charge you a reasonable fee for the cost of copying, mailing or other supplies associated with your request.

*You have the right to request an amendment to your PHI. If you believe that there is a mistake in your PHI, or that a piece of information is missing, you have the right to request that we correct the existing information or add the missing information. Requests to amend or submit corrections to your PHI must be provided to us in writing. We may deny your request in writing if the PHI is: correct and complete, not created by us, cannot be disclosed, or not part of our records.

*You have the right to receive a list of the disclosures we have made. We will respond within 30 days after receiving your written request.

*You have the right to receive a printed copy of this notice.

IMBROGNO CHIROPRACTIC CENTER, P.A. RESPONSIBILITIES

We are required by state and federal law to maintain the privacy of your patient file and the PHI therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect.

We reserve the right to alter or amend the terms of this privacy notice and our privacy practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. A current privacy notice will be on file at all times in our office. We will post any changes made to our privacy policy, and upon request, we will provide you with a copy of our most recently revised notice. Any change in our privacy notice will apply for all of your health information on file, as well as any information we receive in the future.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to: Dr. Loretta A. Imbrogno.

If you would like further information about our privacy policies and practices please contact:
Dr. Loretta A. Imbrogno.

This notice is effective as of April 14, 2003. Revision/update on January 1, 2011. This notice, and any alterations or amendments made hereto will expire seven years after the revision date.