

## Carriage House Chiropractic

### NOTICE OF PATIENT 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.**

**WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).** We are legally required to protect the privacy of your health information. We call this information protected health information, or PHI for short, and it includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish this purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in the appropriate areas. You can also request a copy of this notice from the contact person below at any time.

**HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.** We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category. Not every use or disclosure in a category is listed.

**For Treatment.** We may disclose your PHI to other health care personnel who provide you with health care services or are involved in your care. We may also disclose medical information about you to people outside the facility who may be involved in your medical care after you leave the facility.

**For Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you.

**For Health Care Operations.** We may use and disclose medical information about you for our operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care.

**To Your Family and Friends.** We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or payment for your health care. Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses and disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

**Appointment Reminders and Health-related Benefits or Services.** We may use PHI to provide appointment reminders, to schedule or reschedule appointments, give you information about treatment alternatives, or other health care services or benefits we offer.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes.

**As Required by Law.** We will disclose medical information about you when required to do so as required by federal, state or local law, judicial or administrative proceedings, or law enforcement.

**Public Health Risks** We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report the abuse or neglect of children; elders and dependant adults; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when equipped or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**All Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

**WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.** You have the following rights with respect to your PHI:

**The Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records, but may not include some mental health information. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. To request an amendment, your request must be in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for the facility; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement you believe is incomplete or incorrect. If you indicated in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the items or statement you believe to be incomplete or incorrect.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than for our own uses for treatment, payment and health care operations, as those functions are described above. To request this list or accounting of disclosures, you must submit in writing to the Privacy Officer. You must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. You should indicate in what form you want the list (on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge for costs involved and notify you of the cost so you may choose to withdraw or modify your request prior to costs being incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the on the medical information we disclose about you to someone who is involved in your care or payment for your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us: what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you for the reasons. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

**CHANGES TO THIS NOTICE.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future.

**PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.** If you believe your privacy rights have been violated, you may file a complaint with the facility, or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint, contact:

LoisAnn Schaub, D.C., Privacy Officer  
9 Carlton Avenue  
E. Setauket, NY 11733  
Phone: 631-689-7848

***This notice is in effect as of April 22, 2008.***