

# Hainesport Chiropractic LLC

2717 Marne Highway, Hainesport, NJ 08036

## HIPAA 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 READ IT CAREFULLY.

This notice of Privacy describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) for other purposes that are permitted or required by law. "Protected Health Information" 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 care services.

### Use and Disclosure of Protected Health Information

Your protected health information may be used and disclosed by your physician, our staff and others outside of our office that are involved in your care and treatment for the propose of providing health care services to you, pay your health care bills, to support the operations of our office, and any other use required by law.

### Treatment

We will use and disclose your protected health information 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. For example: On occasion, your health care information may be provided to a physician to whom you have been referred to ensure that physician has the necessary information to diagnosis or treat you.

### Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for your chiropractic treatment may require that your relevant protected health information be disclosed to the health plan carrier.

### Worker's Compensation

If applicable, we may disclose your protected health information as necessary to comply with state Worker's Compensation Laws.

### Emergencies

We may disclose your protected health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency.

### Healthcare operations

We may disclose, as needed, your protected health information in order to support the business activities of this office. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, licensing, marketing, and fund-raising activities, and conduction or arranging for other business activities. For example, we may disclose your protected health information to other health care workers that may be observing in our office. In addition, we will use a sign in sheet at the front desk where you will be asked to sign your FIRST name and time of your appointment. If you are not available, we leave a reminder message on your voicemail or with the person answering the phone. No protected health information will be disclosed during this call other than the date and time of your scheduled appointment and a request to call our office if you need to cancel or reschedule your appointment. We will send reminder cards to motivate patients to take care of their well-being by scheduling an appointment. Thank you cards are also sent for patient referrals. At times, patient care, conditions, insurance, changes of insurance, verification and network information will be discussed within hearing distance of others.

We may or use a disclose our protected health information in the following situations without your authorization. These situations included as required by law, public health issues, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceeding, law enforcement, coroners, funeral directors, and organ donation. Required uses and disclosures under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

### Changes to this Notice of Privacy Information

Our office reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, our office is by law required to comply with this notice, and maintain the privacy of your health information. If you have any questions about any part of this notice, or if you want more information about your privacy let staff know.

### Complaints

Complaints about our privacy rights or how our office has handled your protected health information should be directed to the privacy officer at (609) 267-5550. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to: DHHS, Office of Civil Rights, 26 Federal Plaza, New York, NY 10278.

You may revoke this authorization at any time, in writing, except to the extent that your physician or our office has taken an action in reliance on the use or disclosure indicated in the authorization.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name