

CHIROPRACTIC LIFESTYLE FAMILY PRACTICE, P.C.

4796 Main Street, Snyder, NY 14226

NOTICE OF PRIVACY FOR PATIENT'S PROTECTED HEALTH INFORMATION

This information describes how health care information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This office abides by the terms described in this policy. This office uses and discloses your protected health care information for the following reasons:

- To share with other treating health care providers regarding your health care.
- To submit to Medicare to verify that treatment has been rendered.
- To determine patient's benefits in a Medicare plan.
- Releasing information required by State or Federal Public Health Law.
- To assist in overcoming a language barrier when caring for a patient.
- Business associates providing written assurances for your privacy have been attained.
- Emergency situations.
- Abuse, neglect or domestic violence.
- Appointment reminders to household members or answering machines.
- Sign-In logs may be disclosed to verify office visits.
- Semi-open adjusting and appointment scheduling, whereas your information may be overheard by others.
- Referral boards, Chiropractic Miracle Boards to thank chiropractic members and provide an office that has continual wellness education for patients.
- Other: _____ (Initial _____)

Any other uses or disclosures will only be made with your specific written prior authorization.

You have the right to:

- Revoke authorization, in writing at any time by specifying what you want restricted and to whom.
- Speak to our privacy officer who is: Dr. Brian Pokorski and can be reached at: 716-635-9742 regarding privacy issues.
- Inspect, copy and amend your protected health information as allowed by law.
- Obtain an accounting of disclosures of your protected health information.
- To render a complaint to our privacy officer or the Secretary of Health and Human Services.

This office reserves the right to change the terms of this notice and to make new notice provisions for all protected health information that it maintains. Patients may also get an updated copy upon request at any time by asking the staff.

I acknowledge that I have received and reviewed this notice with full understanding.

Patient Signature

Date