

GLEN ROCK CHIROPRACTIC CENTER
David A. Czerminski, D.C.; 885 Lincoln Avenue; Glen Rock, New Jersey 07452

Notice of Privacy Practices
(Medical)

**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.**

What is this?

This notice describes the privacy practices of the Glen Rock Chiropractic Center.

Our Privacy Obligations

We are required by applicable federal and state law to maintain the privacy of medical and health information about you ("PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

You may request a copy of your Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Permissible Uses and Disclosures without Your Written Authorization

We may use and disclose you PHI in order to treat you, obtain payment for service provided to you and in order to conduct our "health care operations" as detailed below:

Treatment: We may use and disclose your PHI in providing, coordinating and/or managing health care and related services for you. For example, to treat your injury or illness. We may also disclose PHI to other providers involved in your treatment. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, voicemail messages, postcards, and letters.

Payment: We may use and disclose your PHI to obtain payment and/or reimbursement for services that we provide to you, billing or collection activities, confirming coverage, and utilization review. For example, sending a bill for your visit to your insurance company for payment. You should be aware that if you are not the insurance policy holder, the insurance carrier might disclose certain information to the policyholder.

Health care Operations: We may use and disclose your PHI for our health care operations; or the business aspects of running our practice. This includes internal planning, administration, and conducting of quality assessments and activities that improve the quality and cost effectiveness of care that we deliver to you. For example, we may use PHI to audit functions, evaluate the qualifications and competence of our health care providers, conduct training programs, for accreditation, certification, licensing and/or credentialing activities, cost-management analysis and customer service.

We may disclose your PHI to our attorneys or accountants in the event we need information in order to address one of our business functions. We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for service they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or health care fraud and abuse detection or compliance.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We will make reasonable efforts to limit the Health Information we use or disclose to the "minimum necessary" to accomplish the stated purpose.

Pursuant to your authorization: When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

Disclosure to Relatives and Close Friends: We may use or disclose your PHI to a family member, your personal representative, person responsible for your care, or other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement (2) provide you with the opportunity to object to the disclose and you do not object; or (3) reasonable infer that you do not object to the disclosure. If you are not present or in the event of your incapacity or emergency circumstances, we may exercise our professional judgment to determine whether a disclosure is in your best interest disclosing only PHI directly relevant to the person's involvement in your healthcare. We will also use our professional judgment to make inferences of your best interest in allowing a person to pick up health information.

Authorized person(s) to disclose medical information to:

_____	_____	_____
Name of Person	Relationship to Patient	Date
_____	_____	_____
Name of Person	Relationship to Patient	Date

Worker's Compensation: We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs.

As required by Law: We may use and disclose PHI when required to do so by any other law not already referred to the preceding categories.

Change of Ownership: In the event that Glen Rock Chiropractic Center is sold or merged with another organization, your health information/record will become the property of the new owner.

Right to Inspect and Copy: In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the HIPPA Compliance Officer. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. You have the right to request that we amend PHI maintained in your medical record file or billing record. If you desire to amend your records, please obtain an amendment request form from the HIPPA compliance Office and submit the completed form to the HIPPA Compliance Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

Effective Date and Duration of this Notice. This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

Right to Change Terms of this Notice. You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or will the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Contact Information:

Please contact us for more information:

Glen Rock Chiropractic Center
David A. Czerminski, D.C.
885 Lincoln Avenue
Glen Rock, NJ 07452
(201) 670-9093

For more information about HIPPA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
(202) 619-0257
Toll Free: 1-877-696-6775