

## NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This notice describes the information privacy practices followed by Sigillo Chiropractic and its employees.

### YOUR HEALTH INFORMATION

This notice applies to information and records we have about your health, health status, and the health care and services you receive. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**FOR TREATMENT:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors or other personnel who are involved in taking care of you and your health.

**FOR PAYMENT:** We may use and disclose health information about you so that the treatment and services you receive at this office maybe billed to and payment may be collected from you, an insurance company or third party.

**OFFICE PROCEDURES AND APPT. REMINDERS:** We may contact you to remind you that you have an appointment, or missed an appointment.

You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any dates before that time.

### **SPECIAL SITUATIONS**

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations.

To avert a serious threat to health or safety. We may use and disclose health information about you when necessary to prevent a serious threat to you health or that of another person.

Required by law. We will disclose health information about you when required to do so by federal or state law.

We may release health information about you for workers' compensation or no-fault or similar programs.

If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or subpoena.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you.

You have the right to inspect and copy your health information. You must submit a written request in order to inspect and/or copy your health records.

You have the right to amend any health information that we have about you and that you feel is incorrect.

You have the right to request a restriction or limitation on the health information we use and disclose about your treatment and health care operations.

You have the right to a paper copy of this notice.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and 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.

**COMPLAINTS**

If you believe your privacy rights have been violated you may file a complaint with this office or with the Secretary of the Department of Health.

This notice was published and becomes effective on May 30 2008.

If you have any objections to this form please the office at 585-637-3630.

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Signature below is an acknowledgment that you have received this privacy notice.

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_