

## DR. ROBERT CAPRILE, CHIROPRACTOR

### THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In the course of your care as a patient in this office, we may use or disclose personal and health related information in the following ways:

\*Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

\*Your health care records as well as your billing records may be disclosed to another party, such as insurance carrier, an HMO, a PPO, or your employer (if they are or may be responsible for the payment of your services).

\*Your name, address, phone number and your health care records may be used to contact you regarding appointment reminders, to provide information about alternatives to your present care, or to other health related information that may be of interest to you.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine. If there is an alternate number you want to be reached at, you must let us know.

With your permission, we will place your name on our "Thank for referring others" board to acknowledge your trust and referral. If you do not want your name to appear, you must inform us.

We will have several in-office events and promotions throughout the year. At some time, pictures may be taken for our office scrapbook or wallboard. If for some reason you don't want your picture to appear, you must let us know.

Further, you will have the right to inspect or obtain a copy of the information we will use

for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:

\*If we are providing health care services to you based on the orders of another provider.

\*If we provide health care services to you in an emergency.

\*If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.

\*If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

\*If we are ordered by the courts or another appropriate agency.

Any use or disclosure of your protected health information, other than as described in the examples outlined above, will only be made upon your written authorization.

We normally provide information about your health care to you in person at the time you receive chiropractic care from us. During your visit to our office, we will normally call you by name, without disclosing any health information, when it is your turn to see the doctor. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than home or, if you would like the information in a different form, please advise us in writing as to your preferences.