

# Notice of Privacy Practices

## **To our patients:**

This notice describes how health information about you, as a patient of this practice, may be used and disclosed and how you may get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996. (HIPAA)

## **Our Commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

## **Use and disclosure of health information:**

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in direct response to a court order.
3. Messages on answering machines about appointments and follow-ups.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials if required for intelligence and national security.
7. For Workers Compensation and similar programs.

## **Your rights regarding health information:**

1. Communications. You may request that our office communicate with you about your health and related issues in a particular manor or location. For example, you may request that we only contact you at home or at work.
2. You may request a restriction in our use or disclosure of your health information beyond what is written here. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you. To obtain a copy of your health information, your request must be made in writing and submitted to New Hope Chiropractic Health Center 6448 Route 202 New Hope, Pennsylvania 18938.
4. You may ask to amend your health information if you believe it to be incomplete or incorrect. To request an amendment, your request must be made in writing and submitted to New Hope Chiropractic Health Center. You must provide us with a reason that supports your request.
5. Request a copy of this notice.
6. Right to file a complaint. If you believe that your privacy right has been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Services. Your complaint must be made in writing and submitted to New Hope Chiropractic Health Center 6448 Route 202 New Hope, Pennsylvania 18938.

If you have any questions regarding this notice or our health information privacy policies please contact our Compliance Officer at 215-862-2538.

**I hereby acknowledge that I have been presented with a copy of New Hope Chiropractic Health Center's Notice of Privacy Practice.**

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Signature of patient

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Date