

# York Chiropractic

Dr. Noelle O'Connor D.C 486 Spring Road Elmhurst, IL 60126 | 630-834-8536 Fax: 630-834-8544 | info@yorkchiropractic.net

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN'T GET ACCESS TO THIS INFORMATION

### PLEASE REVIEW IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act give you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** is providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a consultation or physical examination.
- **Payment** is such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health Care Operations** include the business aspects such as an internal review.

We may contact you to provide appointment reminders, information about treatment alternatives or results of test taken.

Any other users and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorizations.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or locations. An example such as a different mailing address for statements or a different telephone number for communication.
- The right to inspect and copy your protected health information. The practice charges reasonable fees based on Illinois laws. If the requestor agrees to pay the fee in advance, the records will be provided. Otherwise, the records will not be provided, unless the Privacy Officer determines that the charge is burdensome to the requestor. The charges cannot exceed the following: \$23.78 handling fee plus 0.89 cents each for pages 1-25, 0.59 cents each for pages 26-50, and 0.30 cents each for pages 51 to end.
- The right to amend your protected health information. The practice documents all requests, responds to all requests in a timely fashion, and informs requestor of denial in whole or in part.
- The right to receive an accounting of disclosures of protected health information. The practice allows an individual to request one accounting within a 12- month period free of charge. The practice charges a reasonable fee for more frequent account requests. The charge will be determined at the time of the request.
- The right to obtain a paper copy of this notice from us upon request.

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

This notice is effective as of January 1, 2014 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.

The practice never requires an individual to waive any of his or hers individual rights as a condition for the provision of treatment, except under very limited circumstances allowed under law.

You have the right to file a written complaint with our office, Attn: Privacy Officer, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of this office. We will not retaliate against you in filing the complaint.

Privacy Officer: Angela Fiore

Email: [info@yorkchiropractic.net](mailto:info@yorkchiropractic.net)

Phone Number: 630-834-8536

Address: 486 Spring Road

Fax: 630-834-8544

Elmhurst, IL 60126

Signature of Patient OR Legal Guardian (if patient is a minor)

Date

