

Notice of Privacy for: Patient's Protected Health Information (PHI)

This notice describes how health care information about you may be used and disclosed and how you can get access to this information. Please review this information carefully before signing.

This office abides by the terms described in this policy.

This office uses and discloses your personal health care information (PHI) for the following reasons:

- To share with other treating health care providers regarding your health care.
- To submit to insurance companies and related entities to verify that treatment has been rendered.
- To determine patient's benefits in a health care plan.
- Releasing information required by State or Federal Public Health Law.
- To assist in overcoming a language barrier when caring for a patient.
- To share with specifically defined business associates providing written assurance for your privacy being attained.
- Emergency situations.
- Evidence or suspicion of abuse, neglect or domestic violence.
- Appointment reminders and literature (including e-mails) specific to the office being sent to the patient's address or leaving messages on answering machines, voice mails.
- Sign-in logs may be disclosed to verify office visits.

You have the right to:

- Revoke or modify, in writing, this authorization at any time specifying what information you want restricted and to whom this information may be released.
- Speak to our privacy officer who is: Dr. Brian Casey, contact at (845) 496-5555 or caseyfamilychiro91@gmail.com regarding privacy issues.
- Inspect, copy and amend your health information as allowed by law.
- Obtain an accounting of disclosures of your PHI.
- To render a complaint to our privacy officer or the Secretary of Health and Human Services.

This office reserves the right to change the terms of this notice and to make new notice provisions for all PHI that it maintains. Patients may also get an updated copy upon request at any time by asking the staff.

"I acknowledge that I have read and reviewed this notice and understand the information that it contains."

(Print name)

(Signature)

____/____/_____
(Date)

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