

Iannetta Osteopathic Manipulation

Joshua Iannetta, D.O.

PRIVACY OFFICER:

EFFECTIVE DATE:

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We care about our patient's privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official Notice of our privacy practices.

You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected healthy information. If you have any questions about this Notice, please contact the Privacy Officer at this practice as stated above.

WHO WILL FOLLOW THIS NOTICE?

Any health care professional authorized to enter information into your medical record, all employees and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved only the minimum necessary information needed to accomplish the task is shared.

HOW MAY WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU?

The following categories describe different ways that we may use and disclose your protected medical information without your specific consent or authorization. Examples are provided for each category of use or disclosures. Not every possible use or disclosure in a category is listed.

FOR TREATMENT:

We may use medical information about you to provide you with medical treatment or services. Example: In treating you with spinal manipulation and or modalities, we may need to know your current and past medical history of disease, surgeries, medications, and past treatments which could influence your current course of treatment plan. We need to be informed of the medications you are taking and why you are taking them in case of medical emergency in this practice.

FOR PAYMENT:

We may use and disclose medical information about you so that treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, a third party insurance handler, or a workers' compensation insurance handler. Example: We may need to send your protected health information such as your name, address, office visit date, birth date, daily notes, and codes identifying your diagnosis and treatment to your insurance company for payment.

OTHER USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION:

- * As required pending an investigation by law enforcement agencies
- * To avert a serious threat to public health or safety
- * As required by military command authorities for their medical records
- * To workers' compensation companies or similar programs for processing of claims
- * To a medical examiner for identification of a body
- * As required by the US Food and Drug Administration (FDA)
- * Uses and disclosures required by law
- * Uses and disclosures in domestic violence or neglect situations
- * Other public health activities
- * If an inmate to the correctional institution or law enforcement official
- * Other healthcare providers' treatment activities (such as a physical therapist)
- * In response to a legal proceeding
- * Other covered entities and providers' payment activities
- * Other covered entities healthcare operations activities (to the extent permitted under HIPAA)
- * Health oversight activities

We may contact you by phone to provide appointment reschedules if an appointment is missed, about treatment alternatives, tests, x-rays, billing information, or other health related benefits and services that may be of interest to you.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUESTING YOUR WRITTEN AUTHORIZATION:

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. Verbal communication will not be recognized as a formal revocation. If you revoke your authorization, we will therefore no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we have provided you.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION:

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice as stated at the beginning of this Notice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. Verbal complaints will not be recognized officially. You will not be penalized or discriminated against for filing a complaint.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment payment or health care operations or to someone who is involved in your care or payment for your care. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer at this practice as stated at the beginning of this Notice. In your request, you must tell us what information you want to limit.

Right to Request Confidential Communications: You have the right to request how we submit our communication to you about medical matters, and where you would like those communications sent. To request confidential communications, you must make your request to the Privacy Officer at this practice as stated at the beginning of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests within a thirty day time period. If we are unable to do so we will inform you of this fact in writing, extending the time limit for action for an additional thirty days. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy: You have the right to inspect and copy your medical information that may be used to make decisions about your care at this practice in a private location at no charge. Usually this includes medical and billing records but does not include psychotherapy notes; information compiled for use in a civil, criminal or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this office as stated at the beginning of this Notice. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. If you would like to inspect your medical information you will need to make an appointment with the Privacy Officer at this office as stated at the beginning of this Notice.

Right to Amend: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be in writing and submitted to the Privacy Officer at this practice as stated at the beginning of this Notice. In addition, you must provide a reason that supports the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record electronically or if necessary by mail. If you need more than one copy of these documents we reserve the right to charge a fee for photocopying, mailing, etc. This office will act upon a patient's request for amendment within sixty days. The office may extend the deadline for action by no more than an additional thirty days recognizing we must provide the patient with a written statement outlining the reasons for the delay and advising the patient of the date the office anticipates completing its action on the requested amendment with only extension per requested amendment.

Right to an Accounting of Non-standard Disclosures: You have the right to request a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Privacy Officer at this practice as stated at the beginning of this Notice. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you

want the list (example: on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list.

If multiple disclosures were made by this office for singular purposes at the request of a lawful authority or with respect to a patient's prior authorization to particular entities during the period of time an accounting is requested, the office will include information on the frequency, periodicity, and number of disclosures made and the date of the last disclosure made during the requested accounting period.

If an authorized health oversight agency or law enforcement official makes a written or verbal statement indicating that a particular accounting would be reasonably likely to impede the agency's activities the verbal statement must be documented and the official and accounting can be temporarily suspended for no more than thirty days unless the agency provides a written statement during the period of suspension.

This office will document and retain the documentation of any information required to be included in an accounting including any written accounting that has been provided to any patient, as well as the titles of the persons or offices responsible for receiving and processing requests for an accounting individuals.

Right to a Paper Copy of this Notice: You have the right to a paper copy of our current Notice of Privacy Practices at any time. Even if you agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this Notice, please provide the Privacy Officer at this practice with a written request. One copy will be provided at no charge.

Changes to this Notice: We reserve the right to change this Notice. We reserve the right 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. We will post a copy of the current Notice, with the effective date in the upper left corner of the first page.