

Santiago Chiropractic Associates
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.

Your Rights

Right of Access: You may inspect and request a copy of certain health information we have about you. We have forms for such requests. These requests must be made in writing and must be directed to our contact officer listed on the first page of this notice. We will provide a copy in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually agreeable. If you are the recipient of electronic notice, you may obtain a paper copy upon request.

We will charge a reasonable, cost-based fee when asked to provide copies of your health information. Charges will include costs for copying at .50 cents per page, postage, and staff time at the rate of \$15.00 dollars per hour. If you request a summary of your health information, we will provide it, charging staff time at the hourly rate shown above. If you have any questions about our fees for these services, please contact us using the contact information provided above.

Right to Amend: If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information. Such requests must be made in writing and must include a reason to support the request. Under some circumstances, we may deny such a request, but you are entitled to a written response within 60 days of our receipt of your written request.

Right to Request Restrictions: You may request that we restrict uses or disclosures of certain health information about you to carry our treatment, payment, or health care operations. We may not (and are not required to) agree to requested restrictions. We will not use or disclose any health information about you in violation of any restrictions that we agree to other than in providing emergency treatment.

Confidential Communications: Alternative Means, Alternative Locations: You may ask to receive communications of health information by alternative means or at an alternative location. We will accommodate all reasonable requests. You must provide this type of request to us in writing and provide an alternative method of contact or alternative address. We will provide an estimate of the fee for this service in advance and ask that you provide information as to how payment will be handled.

Accounting of Disclosures: You have a right to receive an accounting of disclosures we have made of health information about you for the six years prior to the date that the accounting is requested except for disclosures to carry out treatment, payment, health care operations, and certain other disclosures. The first such accounting we provide within any 12 month period will be without charge to you. We will charge a reasonable, cost-based fee for each subsequent request for an accounting within a 12-month period. We will notify you in advance of this fee.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of the notice at any time. Even if you have agreed to receive the notice electronically, you may still obtain a paper copy. To obtain a paper copy, ask any Santiago Chiropractic Associates staff member.

Changes to This Notice: We reserve the right to change the terms of this notice and to make the changed notice provisions effective for all health information we have about you or create r receive in the future. We will promptly revise, post, and distribute a revised notice whenever there is a material change to the uses or disclosures, individual=s rights, our legal duties, or other privacy practices discussed in the notice. Our privacy notice will contain on he first page, in the top right-hand corner, the effective date.

Complaints: If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting:

Santiago Chiropractic Associates
75 North Beverwyck Road
Lake Hiawatha, NJ 07034
OFFICE: (973) 335-5666 **FAX:** (973) 335-6187

You may also file a written complaint with the U.S. Department of Health and Human Services by contacting:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Washington, D.C. 20201
Toll Free: 1-877-696-6775

The privacy of your health information is important to us. We will not retaliate against you in any way if you choose to file a complaint.

Acknowledgment of Receipt of Privacy Practices

I, _____ have received a copy of Santiago Chiropractic Associates notice of privacy practices.

Patient/Guardians Signature

Date