

# Brighi Chiropractic Center

## 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.**

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examinations, test results, diagnosis's, treatment and applying for future treatment. It also includes billing documents for all services. Your insurance plan and other business associates provide such services as quality assessment, quality improvement, outcome evaluation, etc., requiring that we share information about you.

### Your Health Information Rights

**The health and billing records we maintain are the physical property of the office. The information in it, however is available to you. You have the right to:**

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office. We are not required to grant the request, but we will comply with any request granted.
- Obtain a paper copy of the current Notice of Privacy Practices by making a request to our office.
- Request that you be allowed to inspect and copy your health record and billing record- You may exercise this right by delivering the request to this office.
- Appeal a denial of access to your protected health information, except in certain limited circumstances.
- Request that you health care record be amended to correct incomplete information by delivering a request to this office. Under certain circumstances, we may deny your request.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to this office.
- Obtain an accounting of disclosures for your health information as required by law by delivering a request to this office. Such accounting will include uses and disclosures as prescribed by law.
- If you want to exercise any of the above rights, Please contact Leanne Brighi, Office Manager, (970) 30-5336, in person or in writing during regular business Hours.

### Our Responsibilities

**The office is committed to:**

- Maintaining the privacy of your health information as required by law.
- Providing you with a notice as to our duties and privacy practices.
- Abiding by the terms of this Notice.
- Notifying you if we cannot accommodate requested restrictions or request.
- Accommodating your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling or stopping in the office.

### To request information or file a Complaint

If you have questions, would like information, or want to report a problem regarding the handling of your information, you may contact Leanne Brighi, Office Manager, (970) 330-5336.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Leanne Brighi. You may also file a complaint by mailing it to the Secretary of Health and Human Services, whose street address is: Office for Civil Rights- U.S. Department of Health and Human Services- 200 Independence Ave. S.W. - Room 509F, HHH Building- Washington, D.C. 20201.

- We can not and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a conditions of receiving treatment from this office.
- We can not and will not, retaliate against you for filling a complaint with the Secretary of Health and Human Services.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_