

Notice of Privacy Practices

Effective Date: _____

Our Legal Duty

We are required by law to maintain the privacy of your protected health information (PHI), provide this Notice describing our legal duties and privacy practices, and notify you following a breach of unsecured PHI.

How We May Use and Disclose Your Health Information

We may use and share your information for treatment, payment, and health care operations.

Treatment: To provide, coordinate, or manage your care and share information with other healthcare providers involved in your treatment.

Payment: To bill and obtain payment from your insurance company or another responsible party.

Health Care Operations: For office management, quality assessment, and staff training.

Other Uses and Disclosures Permitted or Required by Law

We may share your information when required or allowed by law, such as for public health reporting, health oversight agencies, legal proceedings, law enforcement, workers' compensation, or to prevent a serious threat to health or safety.

Uses and Disclosures Requiring Your Authorization

Any other use or disclosure of your PHI, such as for marketing or to family members, requires your written authorization. You may revoke any authorization in writing at any time.

Your Rights Regarding Your Health Information

You have the right to:

1. Access your records.
2. Request corrections.
3. Request restrictions on use or disclosure.
4. Request confidential communications.
5. Receive an accounting of disclosures.
6. Receive a copy of this Notice.
7. File a complaint without retaliation.

Our Responsibilities

We are required by law to maintain the privacy and security of your health information. We will notify you promptly if a breach occurs and follow the terms of this Notice.

Changes to This Notice

We may change this Notice at any time. Updated versions will be posted in our office and on our website. The new Notice will apply to all health information we maintain.

Contact Information

Align Chiropractic
2005 Lyell Ave, Suite 115
Rochester, NY 14606
Phone: 585-458-2679
Email: alignchiropracticroc@gmail.com
Privacy Officer: Allison Fleming

To File a Complaint

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints>

Patient Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received and reviewed a copy of Align Chiropractic's Notice of Privacy Practices. I understand that this Notice explains how my protected health information may be used and disclosed, and how I can access this information.

Patient Name: _____

Signature: _____

Date: _____

If this acknowledgment is signed by a personal representative on behalf of the patient:

Representative Name: _____

Relationship to Patient: _____

Date: _____