

Dr. George J. Lubertazzo - Family Chiropractic
39 Meadow Road - Rutherford, NJ 07070

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996. The privacy of your health information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to show you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect 12-23-1996 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Uses and Disclosures of Health Information

We use and disclose health information about your treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: Except as outlined below, we will not use or disclose your protected health information unless you have signed a form authorizing the use or disclosure to a patient's legally authorized representative such as an attorney. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Uses and Disclosure for Payment: We may make requests, uses and disclosures of your protected health information as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your protected health information for the payment purposes of a health care provider or health plan.

Uses and Disclosure for Health Care Operations: We may use and disclose your protected healthcare information as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your health insurance coverage, re-insurance compliance, auditing, rating, business management, quality improvement and assurance.

To Your Family and Friends: If you are available and do not object, we may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share protected healthcare information with such individual, but only if you agree that we may do so. For example, we may use our professional judgment to disclose protected health information to your spouse concerning the processing of a claim.

Business Associates: At times we use outside person or organization to help us provide you with the best service available. Examples of these outside persons and organizations might include vendors that help us process your claims. At times it may be

necessary for us to provide certain of your protected health information one or more of these outside persons or organizations.

Other Uses and Disclosures: We may make certain other uses and disclosures of your protected health information without your authorization.

1. We may use or disclose your protected health information for any purpose required by law. For example, we may be required by law to use or disclose your protected health information to a court order.
2. We may disclose your protected health information for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
3. We may disclose your protected health information to the proper authorities if we suspect child abuse or neglect; we may also disclose your protected health information if we believe you be a victim of abuse, neglect, or domestic violence.
4. We may disclose your protected health information if authorized by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
5. We may disclose your protected health information in the course of a judicial or administrative proceeding (i.e.: to respond to a subpoena or discovery request).
6. We may disclose your protected health information to the proper authorities for law enforcement purposes.
7. We may disclose your protected health information to coroners, medical examiners, and/or funeral directors consistent with law.
8. We may use or disclose protected health information to avert a serious threat to health or safety.
9. We may use or disclose protected health information if you are a member of the military as required by armed forces services.
10. We may disclose your protected health information to worker's compensation agencies for workers' compensation benefit determination.
11. We will, if required by law, release you protected health information to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your protected representative or another person responsible for your care, of your location or your general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical supplies, x-rays or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officers health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of protected health information in accordance with the more stringent standards.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies we will charge \$1 for each page up to a maximum of \$50, plus \$10 search fee for staff time to locate and copy your health information, and postage, if you want these copies mailed to you. If you prefer we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our

fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Lucyna Raszkievicz

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Fax: 201-842-1709

Email: chirooffice10@aol.com

Address: P.O. Box 1727 Rutherford, NJ 07070