

## **DR. RITA AWENDER D.C. 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.

Dr. Rita Awender D.C. is required under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

### **Our Pledge Regarding Health Care Information**

We understand that medical information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements.

### **Disclosure of Your Health Care Information**

The following categories describe different ways that we use and disclose identifiable health information. For each category of uses or disclosures we will explain what we mean and try to give some examples.

#### **Treatment**

We may disclose your health care information for the purpose of treatment, payment or healthcare operation. This information could be disclosed to other healthcare professionals, business associates or family members who may assist in your care.

*For example:*

- *Medical information, including health history, is collected from the patient upon initiation and subsequent visits, and is then stored in the patient's file. These records are kept in an open yet secure private area away from the public.*
- *Medical information will be used in the assessment of the patient's condition, diagnosis, treatment and referral purposes such as massage therapy or radiological services.*
- *Some of the information will be transferred to a computer program for the purposes of retrieval, storage, billing and payment.*
- *Medical information will be disclosed to health and disability insurers for the purpose of payment or reimbursement services.*
- *Our reception and physiotherapy rooms are open areas. We will limit conversation regarding you health information as much as possible. If you want to speak in private please inform Dr. Rita Awender D.C.*
- *Dr. Rita Awender D.C will store the medical information contained in the medical record for a period of no less than six (6) years (or longer if state law mandates a longer period of record keeping).*

#### **Payment**

We may disclose your health information to your home, insurance providers, billing organizations and collection agencies for the purpose of payment or health care operations. For example:

- *As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Dr. Rita Awender D.C. for health care services rendered. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.*
- *We will mail a billing statement to your home for any monies owed.*

**Appointment Reminders**

Our practice may use and disclose your health information to contact you and remind you of an appointment.

**Disclosures Required By Law****Workers' Compensation**

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

**Emergencies**

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

**Public Health**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

**Judicial and Administrative Proceedings**

We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement**

We may disclose your health information to law enforcement officials in order to comply with a court order or subpoena, and other law enforcement purposes such as identifying or locating a suspect, fugitive, material witness or missing person.

**Specialized Government Agencies**

We may disclose your health information for military, national security, prisoner and government benefits purposes.

**Deceased Persons**

We may disclose your health information to coroners or medical examiners.

**Organ Donation**

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

## **Research**

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

## **Public Safety**

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

## **Marketing**

We may contact you for marketing purposes or fundraising purposes, as described below:

- *As a courtesy to our patients, it is our policy to call your home if you missed an appointment, at times on the day prior to your scheduled appointment to remind you of your appointment time or as a reactivation for care. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.*
- *It is our practice to participate in a special events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Dr. Rita Awender D.C. sponsored fund-raising events.*
- *At times you may be sent a welcome letter, referral acknowledgement card, birthday card or newsletter. Certain patients have provided email addresses and this information will not be shared.*

## **Change of Ownership**

In the event that Dr. Rita Awender D.C. is sold or merged with another organization, your health information/record will become the property of the new owner.

## **Your Health Information Rights**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Dr. Rita Awender D.C. is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Dr. Rita Awender D.C. amend your protected health information. Please be advised, however, that Dr. Rita Awender D.C. is not required to agree to amend your protected health information. If your request

to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

- You have a right to receive an accounting of disclosures of your protected health information made by Dr. Rita Awender D.C.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

**Changes to this Notice of Privacy Practices**

Dr. Rita Awender D.C. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dr. Rita Awender D.C. is required by law to comply with this Notice.

Dr. Rita Awender D.C. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Dr. Rita Awender D.C. by calling this office at (909) 793-7246. If Dr. Rita Awender D.C. is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

**Complaints**

Complaints about your Privacy rights, or how Dr. Rita Awender D.C. has handled your health information should be directed to Dr. Rita Awender D.C. by calling this office at (909) 793-7246. If Dr. Rita Awender D.C. is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

This notice is effective as of \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Dr. Rita Awender D.C. with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date