



CHITTENDEN COUNTY  
**CHIROPRACTIC**

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## **NOTICE OF PRIVACY PRACTICES**

(As required by the Health Insurance Portability and Accountability Act of 1996)  
Effective April 13, 2003

### **OUR POLICY REGARDING YOUR MEDICAL INFORMATION**

We are required by law to (1) Make sure that medical information that identifies you is kept private, (2) Give you notice of our legal duties and privacy policies with respect to medical information about you, and (3) Follow the terms of this notice.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we may use and disclose your medical information.

**Treatment:** We may disclose your medical information to provide you with medical treatment or services. We may disclose your medical information to others who are involved in taking care of you.

**Payment:** We may use and disclose medical information so that services can be billed.

**Business Associates:** We may disclose your health information to contractors, agents, and other associates who need information to assist us in carrying out our business operations. Our contracts with them require that they protect the privacy of your health information.

**Appointment Reminders or Birthday Greetings:** In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for services. We may also contact you with birthday wishes.

**Health-Related Benefits and Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend health-related benefits, services, or treatment alternatives that may be of interest to you.

**Incidental Disclosures:** Disclosures of your information may occur during, or as an unavoidable result of, our otherwise permissible uses of disclosures of your health information.

Under federal law, we are also permitted or required to use or disclose your health information without your consent in the following circumstances:

1. We are permitted to use or disclose your health information if we are providing health services to you based on the orders of another health care provider.
2. We are permitted to use or disclose your health information if we are providing health services to you as an inmate
3. We are permitted to use or disclose your health information if we are providing health services to you in an emergency.
4. We are permitted to use or disclose your health information if we are required by law to treat you and we are unable to obtain your consent after attempting to do so.
5. We are permitted to use or disclose your health information if there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

**Right to Inspect and Receive Copies:** You may ask to inspect and receive copies of your medical records. To do so, submit your request in writing to the office manager. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in certain limited circumstances. If the request is denied, you may ask that the denial be reviewed. The request would then be reviewed by another health care professional. You have additional rights to appeal a denial to the Vermont Department of Health.

**Right to Amend:** If you feel your medical information is incorrect or incomplete, you may ask to amend the information for as long as the information is kept by the facility. Your request must be made in writing to the office manager and must include a reason for the request. We may deny your request if the information (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION (continued)**

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(2) Is not part of the medical record kept by us or for us. (3) Is not part of the information that you would be permitted to inspect or receive copies. (4) Is already accurate and complete.

If your request is denied, you will have the right to have certain information related to your requested amendment included in your records. These rights will be explained to you in the written denial notice.

Right to Request Restrictions: You have the right to request a restriction on how we use or disclose your health information to treat your condition, collect payment, for you, or for our health care operations. We are not required to agree to your request. If we do agree, we will fulfill our request unless the information is required to provide you emergency treatment.

Right to Request a Copy of this Notice: You may request a copy of this notice at anytime.

Right to Listing of the Persons Receiving your Medical Information: You have the right to request that we give you an accounting of the disclosures of your health information for the last six years before the date of your request. The accounting will include all the disclosures except (1) Those disclosures required for your treatment, to obtain payment for services or to run our practice. (2) Those disclosures made to you. (3) Those disclosures necessary to maintain a directory of the individuals in our facility or to individuals involved with your care. (4) Those disclosures for national security or intelligence purposes. (5) Those disclosures made to correctional officers or law enforcement officers (6) Those disclosures that were made prior to the effective date of the HIPAA privacy law.

#### CHANGES TO THIS NOTICE AND COMPLAINTS

We reserve the right to change this notice. We may make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The current notice will be displayed and available to you.

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a privacy-related complaint with us, you may call us at (802)879-3900. All complaints to the Department of Health and Human Services should be submitted in writing.

You will not be penalized for filing a complaint.