



Dr. David B. Bridgwood



417 W. Merrick Road
Valley Stream, NY, 11580
Office: (516) 561 – 4060 | Fax: (516) 561-5392
www.BridgwoodChiropractic.com

Welcome to Our Office

Patient's Statement of Privacy Rights

As a patient of this practice, you have the right to privacy of your Personal Health Information, and to know that such information shall be promptly and securely maintained in this practice, in accordance with our own policy and in compliance with the Health Information Accountability and Portability Act of 1996 (HIPAA). It was enacted to give you, the patient of the health care provider and covered under a health insurance claim, more control over your health information, to set boundaries on the use and release of health records, establish appropriate safeguards that health care providers and others must achieve to protect the privacy of Privacy Health Information and to hold violators accountable, with appropriate penalties for violations of patient's right to privacy.

How do we use your protected Personal Health Information:

- Communicating with health care providers, physicians and/or chiropractors.
- To bill and receive payment for health-related services provided to you.
- Compliance with public health needs.
- Compliance with validly issued and enforceable subpoena duces tecum or summons.

As a patient of this practice:

- You are entitled to individually delivered, written notification of your privacy rights at the time of your first visit to this practice's facilities. *The document you are reading is this notice.*
- You are entitled to see your medical records.
- You are entitled to receive a copy of you medical records. Forms are available upon request. As per allowance by HIPAA there will be a \$.75 per page fee.
- You are entitled to make an amendment to your Patient Health Information within those records. Forms are available upon request.
- While the doctor has the right to deny inclusion of amendments into a patients file, you have the right to deny inclusion of amendments into a patient file you have the right to disagree with the doctor's refusal of such inclusion of amendment to those records. If the doctor disagrees, he shall supply you with written notification of such disagreement.
- The doctor has a right to a rebuttal to the patient's disagreement. However, anytime a copy of the file is sent out of the office, a copy of that rebuttal must be included in the file.
- You have the right to specify how access to you health information is restricted and from whom.

[Page 1]

When "I" is replaced by "We" Even "Illness becomes Wellness"



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Chiropractor

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Patient’s Statement of Privacy Rights contd.

- You have the right to indicate the method and/or phone numbers and/or addresses to which telephoning and written communication to you shall be forwarded.
- All covered entities under HIPAA, such as this practice or other health-care providers, or business associate such as billing companies all claims administrators are designated by the HIPAA privacy rule, and with whom this practice must work on your behalf from the standpoint of effective treatment or billing of medical services administration of such services, shall be a part of a “chain of trust” under applicable Business Associate Agreements whenever applicable with those parties. This means that those parties are bound to maintain the same privacy and security of your health information, as we are.
- NO personal health information shall be given out to any entity not related to your treatment and the billing of medical services rendered, without your written authorization
- This practice shall provide Personal Health Information on the basis of the minimum necessary standard of release (releasing only that information necessary for those parties to provide treatment, reimbursement, or administrative services on your behalf). And so as to maintain the intent of HIPAA in establishing that standard.
- You have the right to contact the Department of Health and Human Services, office of Civil Rights, which administrations HIPAA with questions or to file a complaint at 1-877-696-6775 or www.HHS.gov/ocr.
- You have the right to inquire of this office and gain correct inappropriate answers to any questions regarding your privacy at any time, consistent with those right as covered by HIPAA.

Signed: _____

Date: _____

Witness: _____

Date : _____