

Dr. Alyssa DiRienzo, ND

PATIENT PRIVACY NOTICE

THIS ABBREVIATED NOTICE BRIEFLY DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

HOW WE MAY USE AND DISCLOSE HEALTHCARE INFORMATION ABOUT YOU:

- **For Treatment:** We may use health information about you to provide you with healthcare treatment or services. We may disclose your health information to personnel who are involved in taking care of you
- **For Payment:** We may disclose your health information in processing claims both within our company and to insurance companies for services received in this clinic.
- **Healthcare Operations:** We may use health information about you for operations that are necessary to run our practice
- **Health-Related Services and Treatment Alternatives:** We may use your health information to tell you about health related services.
- **Threat to Health or Safety:** We may use health information about you to provide the information necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military and Veterans:** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs.
- **Workers Compensation:** We may release health information about you for workers compensation or similar programs which provide benefits for work related injuries or illness.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency as authorized by law.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order etc.
- **Law Enforcement:** We may release health information under certain circumstances if asked to do so by a law enforcement officer.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

- **Right to Inspect and Copy:** You have a right to inspect and copy health information that may be used to make decisions about your care.
- **Right to Amend:** If you find that the health information we have about you is incorrect or incomplete, you may ask us to amend the information
- **Right to an Accounting of Disclosures:** You have the right to request a list accounting for any disclosures of your health information we have made, except for disclosures for treatment, payment and health care operations.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location.
- **Right to a Paper Copy of this notice:** You have the right to obtain a paper copy of the entire Privacy Notice at any time.

We reserve the right to change this notice at any time. We will post a copy of the current notice in our facility. If you would like a complete copy of the Protected Health Information Privacy Notice, please ask.

I certify that I have read and understand this privacy policy:

_____ ***date*** _____