

## ReAlign Chiropractic 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.**

ReAlign Chiropractic is required, by law, 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. We have a copy of the HIPAA compliance manual in full, located at our front desk.

### Disclosure of Your Health Care Information

#### Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

#### Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

#### 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.

#### Specialized Government Agencies.

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

#### 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 ReAlign Chiropractic 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 ReAlign Chiropractic amend your protected health information. Please be advised, however, that ReAlign Chiropractic 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 ReAlign Chiropractic.
- 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

ReAlign Chiropractic 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, ReAlign Chiropractic is required by law to comply with this Notice.

ReAlign Chiropractic 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. Peter Georgiou, by calling this office at 773-665-4400. If Dr. Peter Georgiou is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

#### Complaints

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

#### Acknowledgement of receipt of Notice of Privacy Practices:

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature (or patient's legal representative)