

**O'Malley Chiropractic Health Center, LLC**  
**78 Beaver Road Suite 1A**  
**Wethersfield, CT 06109**  
**Phone: 860.257.9400**

## **NOTICE OF HEALTH INFORMATION PRACTICES**

### **Understanding your Health Record/Information:**

Each time you visit this office, a record of your visit is made. This record contains your symptoms, examination, test results, diagnoses and plan for future care. This information often referred to as your health or medical record, serves as an:

- Basis for planning your care and treatment
- Means of communication among health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed actually provided
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- Understanding of what is in your record and how it may be used will help you to ensure its accuracy, better understand whom, what, when, where and why others may access your health information and make more informed decisions when authorizing disclosure to others

### **Your Health Information Rights**

Your health record is the physical property of O'Malley Chiropractic Health Center, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the Notice of Health Information Practices upon request
- Inspect and copy your health record as provided by 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

### **Our Responsibilities**

O'Malley Chiropractic Health Center is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us or provide it to you in person. This will be at our discretion.

We will not use or disclose your health information without your authorization, except as described in the notice.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact Dr. Mark E. O'Malley at 860.257.9400.

If you believe your privacy rights have been violated, you can file a complaint with Dr. O'Malley or the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

We will use your information for treatment. Information obtained from you will be part of your record and will be referred to in subsequent visits. Members of our office who may treat you will refer to your record to familiarize themselves with your history and treatment plan.

We will use your health information for payment. A bill will be sent to your third party payer. The payer will require us to identify you, your address, your diagnosis, procedures performed and future treatment plans.

Business associates: There are some services provided in this office by business associates. Examples would be massage therapy and acupuncture. Their business associate may refer to your record. The business associate will appropriately safeguard your information.

Worker's Compensation: We may disclose health information to the extent necessary to comply with the laws relating to worker's compensation or other similar programs established by law.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

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Patient Signature

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Date

Effective Date: May 3,2017