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NOTICE OF PRIVACY PRACTICES

By law, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Final Rule, our practice must maintain the privacy of your Protected Health Information (PHI). Additionally, in the event that we share your PHI with a third party, we will disclose only the minimum amount necessary.

The following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the possible types of uses and disclosures.

- We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. For example, we would disclose your PHI to other Healthcare Providers who may be involved in your care and treatment.
- We may use your PHI, as needed, to obtain payment for your healthcare services. For example, we would disclose your PHI to our insurance billing service and your health insurance carrier.
- We may disclose, to a member of your family, a relative, a close friend or any other person that you identify, your PHI that directly relates to that person's involvement in your healthcare.
- We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment, to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care.

Your Rights Under the Privacy Rule:

- You have the right to authorize other use and disclosure, and request an alternative means of confidential communication.
- You have the right to inspect and copy your PHI, to request an amendment to your PHI and a restriction of your PHI.
- You have the right to receive a privacy breach notice.
- You have the right to receive a detailed copy of the "UPDATED HIPAA OMNIBUS RULE POLICY".

Your signature below acknowledges that you have reviewed this notice of our privacy practices:

Print Name of Patient _____ Date of Birth _____ Date _____

Signature of Patient or Legal Representative _____

Print Name of Legal Representative _____ Relationship to Patient _____