

Madison Avenue Chiropractic Group, P.C.
95 Madison Ave. Suite 407
Morristown, NJ 07960

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In the course of your care at Madison Avenue Chiropractic Group, P.C. we may use or disclose personal and health related information about you in the following ways:

- Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- Your health care records as well as your billing records may be disclosed to another party such as an insurance carrier, an HMO, a PPO, or your employer, they are or may be responsible for the payment of services provided to you.

You have the right to request restrictions on our use of your protected health information for treatment, payments, and operations purposes. Such requests are not automatic and require the agreement of this office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

You have the right to inspect and/or copy your health information for as long as the information remains in our files. Requests to inspect, copy, or amend your health related information should be submitted in writing.

We are required by state and federal law to maintain the privacy of your patient file and the health protected information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect.

Your signature acknowledges that you have received a copy of this notice. Should you have any questions or complaints please direct those questions to Dr. Frederick T. Stinner.

Name (Print please)

Signature

Date