

**Christopher T. Warden, D.C.  
2590 Darnley Place  
Yorktown Heights, NY 10598**

**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 as a patient at this Office we may use or disclose personal and health related information about you in the following ways:

Your personal health information, including of 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, if they are or may be responsible for the payment of your services.

Your name, address, phone number, and your health records may be used to contact you regarding appointment reminders and information that may be of interest to you.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine. Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:

If we are providing health care services to you based on the orders of another health care provider.

If we provide health care services to you in an emergency.

If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.

If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

If we are ordered by the courts or another appropriate agency to provide care.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to an address other than your home or, if you would like the information in a different form, please advise us in writing as to your preferences.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. In addition you have the right to an amendment to your health

information. Requests to inspect information We are required by state and federal law to maintain the privacy of your patient file and the protected health 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. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any changes in our privacy notice will apply for all of your health information in our files.

This notice is effective as of the date signed. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was signed and dated. My signature acknowledges that I have received a copy of this notice.

should be provided to us in writing. 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.

If you have a complaint regarding our privacy notice, our privacy practices or any of our privacy activities, you should direct your complaint to Dr. Warden.

If you would like further information about our privacy policies and practices please contact us.

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Name Printed                                  Signature                                  Date / /

If you are a minor, or if you are being represented by another party

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Personal representative printed                  Personal representative signature                  Date / /

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Description of the authority to act on behalf of the patient