



**Family Wellness Centers**  
**NOTICE OF PRIVACY**  
**PATIENT'S PROTECTED HEALTH INFORMATION**

This notice describes how health care information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

This office abides by the terms described in this policy.

This office uses and discloses your protected health care information for the following reasons:

- To share with other treating healthcare providers regarding your health care,
- To submit to insurance companies or Worker's Compensation Claim to verify that treatment has been rendered.
- To determine patient's benefits in a health care plan.
- Releasing information required by State and Federal Public Health Law
- To assist in overcoming a language barrier when caring for a patient.
- Business associates providing written assurance for your privacy have been attained
- Emergency situations.
- Abuse, neglect or domestic violence.
- Appointment reminders to household members or answering machines.
- Sign-in log sheets may be disclosed to verify office visits.

Any other use or disclosures will only be made with your specific written prior authorization.

**You have the right to:**

- Have your chiropractic visits in a private room/setting.
- Revoke authorization, in writing at any time by specifying what you want restricted and to whom.
- Speak to our privacy officer Dr. Michael Quartararo at 518-363-0202 regarding privacy issues.
- Inspect, copy and amend your protected health information and amend it as allowed by law.
- Obtain an accounting of disclosure of your protected health information.
- To render a complaint to our privacy officer or the Secretary of Health and Human Services.

This office reserves the right to change the terms of this notice and to make new notice provisions for all protected health information that it maintains. Patients may also get an updated copy upon request at any time by asking the staff.

I acknowledge that I received and reviewed this notice with full understanding.

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Name of Patient (Print)	Signature of Patient/Legal Representative	Date