

Mantini Chiropractic and Wellness Center
330 Main Street
Ford City, PA 16226
724-763-1238

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

Mantini Chiropractic and Wellness Center is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information

Disclosure of Your Health Care Information: The patient understands and agrees to allow this chiropractic office to use their Patient Health Information (PHI) for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this chiropractic office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment. We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies: We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons: We may disclose your health information to coroners or medical examiners

Organ Donation: We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research: We may disclose your health information to researchers conducting research that have been approved by the Institutional Review Board.

Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies: We may disclose your health information for military, national security, prisoner, and government benefits purposes.

Marketing: As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

Change of Ownership: In the event that Mantini Chiropractic and Wellness Center is sold or merged with another organization, your health information/record will become the property of the new owner.

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Your Health Information Right: For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.

Patients have the right to file a formal complaint with our privacy official about any possible violation of these policies and procedures. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, the chiropractic physician has the right to refuse to give care. I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures. The patient has the right to examine and obtain a copy of his/her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.

Changes to this Notice of Privacy Practices: Mantini Chiropractic and Wellness Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains.

Complaints: Complaints about your Privacy right or how Mantini Chiropractic and Wellness Center has handled your health information should be directed to Dr. Angela Mantini by calling this office at 724-763-1238. If Dr. Angela Mantini is not available, you may make an appointment for a personal conference in person or by telephone within two working days. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to: DHHS, Office of Civil Rights, 200 Independence Avenue, S.W. Room 509F HHH Building, Washington DC 20201.

Acknowledgement: I acknowledge that I have reviewed the Notice of Privacy Practices for protected health information from Mantini Chiropractic and Wellness Center.

DATE: _____ NAME OF PATIENT: _____
(please print)

(signature of patient/personal representative)

Do you know what an advanced directive is?

Advanced directives are means for you to tell your health care givers about the care you wish to receive or not receive should you ever become unable to tell them of your wishes. There are two forms of advance directives. The first is a Living Will. The other is known as a "durable power of attorney for health decisions" or may be called "durable appointment of a surrogate health care decision." Please discuss your advance directive choices with your Primary Care Physician.

PATIENT SIGNATURE: _____ DATE: _____