

**NORTHERN OHIO CHIROPRACTIC**

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**HIPAA**

**Health Insurance Portability Accountability Act Notice**

What is HIPAA?

HIPAA is the Health Insurance Portability Act of 1996.

⚡ HIPAA was developed to improve efficiency and effectiveness of the healthcare system by standardizing the electronic exchange of clinical data. This will involve mostly claims for Medical Mutual Insurance and Medicare patients at N.O.C.

⚡ It attempts to improve security in the age of ever changing electronic data interchange. All computer information at N.O.C., on healthcare records is password protected. All medical insurance files use Thompson Medical System Software, which is protection encoded.

⚡ Its aim is to safeguard the confidentiality of private information and protect the integrity of health data while insuring the availability of care.

Patient information (written and copied) will be kept in patient folders. Electronic data bank for patient notes on the Auto Doc Systems is secured by password. Explanation of Benefits will be kept in account folders. The information concerning a patient's health will be limited in use for treatment, accounts receivables (by patient, insurance or any second or third party payer or healthcare operation).

Patients will have the ability to add or amend information to their records during office visits with the doctor. The patient has the right to ask for a copy of their medical records for a copying fee. No information will leave our office until we receive a signed release for information from the patient. Any complains of privacy may be made to the privacy director, Dr. Thomas J. Przybysz.

Our office asks that the patient confide with the doctor only while in the exam room. Our office prohibits answering any medical or healthcare questions once outside the room.

Any non-employee (vendor, auditor, agency, etc.) who is performing functions on our behalf must sign a Business Associates Agreement prior to receiving patient data.

Please sign below to state that you have read this HIPAA notice.

Patient Signature\_\_\_\_\_

Date\_\_\_\_\_