

Notice of Privacy for: 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 health care providers regarding your health care.
- To submit to insurance companies or Workers Compensation Claim to verify that treatment has been rendered.
- To determine patient 's benefits in a health care plan.
- Releasing information required by State or Federal Public Health law.
- To assist in overcoming a language barrier when caring for a patient.
- Business associates providing written assurances for your privacy have been attained
- Emergency situations
- Abuse, neglect or domestic violence
- Appointment reminders to household members or answering machines
- Sign-In logs may be disclosed to verify office visits

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

You have the right to:

- Revoke authorization, in writing at any time by specifying what you want restricted and to whom.
- Speak to our privacy officer who is: Michael Arucci and can be reached at: 914/337-3737 regarding privacy issues.
- Inspect, copy and amend your protected health information and amend it as allowed by law.
- Obtain an accounting of disclosures 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 have received and reviewed this notice with full understanding.

Name of Patient (print)

Signature of Patient/Legal Representative

Date

Jonathan S. Zimbardo, D.C., C.C.S.P., D.I.A.C.N.
274 White Plains Road
Eastchester, N.Y., 10709
914-337-3737

OFFICE POLICY INFORMATION

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered, unless payment arrangements have been approved in advance by our staff.. You can check with us for different forms of payment which are acceptable. As a courtesy to our patients, we will verify your insurance coverage for you. Although we would like to accept assignment from all insurance carriers, please check with us to see if we accept assignment under your situation.

If our office accepts assignment, we will file your insurance claims for you. Your insurance carrier will make payment directly to this office. You are responsible for paying the deductible and co-payment. If any, by means of payment we accept. These payments are due the first visit of each week of care and will include the co-payment due for all the visits for that week relating to your insurance.

You must realize however, that:

- 1) Your insurance is a contract between you, your employer and the insurance carrier. We are not a party to that contract.
- 2) Our fees are generally considered to fall within the acceptable range by most carriers, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to carriers who pay a percentage of 50% to 80% U.C.R. (usual, customary and reasonable) for this region. Thus, our fees are considered U.C.R., by most carriers. This does not apply to carriers who reimburse based on an arbitrary schedule of fees, which bears no relationship to the current standard and cost of care in this area.
- 3) Not all services are a covered benefit in all contracts. Some insurance carriers arbitrarily select certain services they will not cover.

Since our relationship is with you, not your insurance carrier, we strongly recommend you contract your insurance carrier to verify the coverage you have. Inaccurate information given to us by an insurance representative concerning your coverage is your responsibility. While the filling of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account. Returned checks and balances older than 30 days may be subject to additional collections fees and interest charges of 1.5% per month (18% APR). Charges may also be made for broken appointments and appointments cancelled without 24 hours advance notice.

If you have any questions about this information or uncertainly regarding insurance coverage, PLEASE do not hesitate to ask us. We are here to help!

SIGNED _____

DATE _____