



Ancient Alternatives
380A Glen Street
Glens Falls, NY 12801

Carol S. Weeks, DC, MS, LAc
518-222-9307

SUMMARY OF PRIVACY PRACTICES

THIS NOTICE SUMMARIZES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. A COMPLETE COPY OF OUR PRIVACY PRACTICES IS AVAILABLE AT THE FRONT DESK.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Carol S. Weeks, DC, MS, LAc 518-222-9307

1. Your Public Health Information (PHI) may be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of this practice. We may also release your PHI when required by law. We may also release your PHI to family and friends involved in your care.
2. We may use and disclose your PHI in emergency situations or other times when your doctor believes that it is in your best interest for that PHI to be released and your consent cannot be obtained. We may also release your PHI to others involved in your healthcare insofar as it directly relates to their involvement in your care. You have the opportunity to agree or object to all or part of your PHI being used or disclosed.
3. Other uses and disclosures of your PHI will be made **only** with your written authorization, **unless** otherwise permitted or required by law.

4. Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object include: information released for public health purposes, legal proceedings, law enforcement purposes, workers' compensation and similar programs, conditions of national security and other purposes of a similar nature. For a complete list see our complete privacy notice, available at the front desk.

5. YOUR RIGHTS REGARDING YOUR PHI

1. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. We will accommodate reasonable requests. Please make this request in writing to our Privacy Contact.

2. You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations or to family and friends involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. If your doctor believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted.

3. You have the right to inspect and copy your PHI. You must submit your request in writing to Carol S. Weeks, DC, MS, LAc 518-222-9307, in order to inspect and/or obtain a copy of your medical record. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

4. You may have the right to have your provider amend your PHI. To request an amendment, your request must be made in writing and submitted to Carol S. Weeks, DC, MS, LAc 518-222-9307. You must provide us with a reason that supports your request for an amendment. In certain cases, we may deny your request for an amendment.

5. You have the right to receive an accounting of certain disclosures we have made of your PHI other than for purposes of treatment, payment or healthcare operations.

6. You may complain to us or the Secretary of Health and Human Services if you believe your Privacy Rights have been violated by us. You may contact our Privacy Contact, Carol S. Weeks, DC, MS, LAc 518-222-9307, for further information about the complaint process.

7. You have the right to obtain a paper copy of this notice from us.