



Dr. Ernest S. Cassara, Chiropractic Physician
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SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summary and acknowledgment is provided to assist you in understanding the Notice of Privacy Practices.

The attached Notice of Privacy Practices contains a detailed description of how our office will protect your health information, your rights as a patient and our common practices dealing with patient health information. Please refer to the Notice for further information.

Uses and Disclosures of Health Information. We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care;
- For certain limited research purposes;
- For purposes of public safety;
- To government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incident;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Patient Rights. As our patient you have the following right:

- To have access to and/or a copy of your health information;
- To receive an accounting of certain disclosures we have made of your health information;
- To request restriction as to how health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices.

If you have a question, concerns or complaint regarding our privacy practices, please contact; Cassara Chiropractic Center, LLC at 856-857-0018

Acknowledgment receipt of notice of privacy practices

I acknowledge that I was provided or afforded the opportunity to receive a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read this notice if I so chose) and understand the Notice.

Patient Name (please print): _____ Date: _____

Patient Signature _____