

## **Antonietta Corvasce, LLC**

### **CLIENT RIGHTS**

#### **Right to request how I contact you**

It is my normal practice to communicate with you at your home address and daytime phone number that you provided when you scheduled your appointment. Occasionally, I may leave a voicemail message on your phone. You have the right to request that I communicate with you in a different way. May I contact you at home? yes no. May I contact you at work? yes no. May I contact you by cell phone? yes no. Where may I contact you?

#### **Right to release your medical records**

You may consent in writing to release your records to others. You have the right to revoke this authorization in writing at any time. However, a revocation is not valid to the extent that I acted in reliance on such authorization.

#### **Right to inspect and copy your medical and billing records**

You have the right to inspect and obtain a copy of your information contained in my medical records. Under limited circumstance, I may deny your request to inspect and copy. If you ask for a copy of any information, I may charge a reasonable fee for the costs of copying, mailing and supplies.

#### **Right to add information or amend your medical records**

If you feel that information contained in your medical record is incorrect or incomplete, you may ask me to add information to amend the record. I will make a decision on your request within 60 days, or in some cases within 90 days. Under certain circumstances, I may deny your request to add or amend information. If I deny your request, you have a right to file a statement that you disagree. Your statement and my response will be added to your record. To request an amendment, you must contact my office. I will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

#### **Right to an accounting of disclosures**

You may request an accounting of any disclosures, I have made related to your medical information, except for information I used for treatment, payment, or health care operational purposes or that I shared with you or your family, or information that you gave me specific consent to release. It also excludes information I was required to release. To receive information regarding disclosure made for a specific time period no longer than six years, please submit your request in writing. I will notify you of the cost involved in preparing this list.

## **Antonietta Corvasce, LLC**

### **Right to request restrictions on uses and disclosures of your health information**

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing and submitted to me. However, I am not required to agree to such a request.

### **Right to complain**

If you believe your privacy rights have been violated, please contact me personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complain with he U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

### **Right to receive changes in policy**

You have the right to receive any future policy changes secondary to changes in state and federal laws.