

# SPINE & NEURO PAIN SPECIALISTS

## *Notice of Privacy Practices*

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

### **UNDERSTANDING YOUR HEALTH INFORMATION/RECORD:**

This notice describes the practices of Spine & Neuro Pain Specialists and that of Physicians with respect to your protected health information created while you are a patient at this facility. Spine & Neuro Pain Specialists' staff with privileges and personnel authorized to have access to your medical chart are subject to this notice. In addition, Spine & Neuro Pain Specialists may share medical information with each other for treatment, payment, or healthcare operations described in this notice. Spine & Neuro Pain Specialists provides this notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professional who contribute to your care;
- legal document describing the care you receive;
- means by which you or a third party can verify that services billed were actually provided;
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning or marketing;
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve;

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy;
- better understand who, what, when, where and why others may access your health information;
- make more informed decisions when authorizing disclosures to others

### **BUSINESS ASSOCIATES:**

There are some services provided in our organization through contracts with Business Associates who create, receive, maintain, or transmit Personal Health Information on our behalf. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**YOUR HEALTH INFORMATION RIGHTS:**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522;
- obtain a paper copy of this Notice of Health Information Practices upon request;
- inspect and copy your health record as provided for in 45 CFR 164.524; any such request should be submitted in writing and a fee may be imposed for paper or electronic copies;
- request an amendment to your health information as provided in 45 CFR 164.528;
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- request communication of your health information by alternative means or at other alternative locations;
- revoke your authorization to use or disclose health information except to the extent that action has already been taken;
- request restrictions on certain uses and disclosures of Personal Health Information, including the right to pay “out of pocket” for treatment and not have the bill for services submitted to your health plan;
- “opt out” of receiving fundraising communications.

Certain uses and disclosures of patient’s Personal Health Information will only be made pursuant to an authorization from the patient. The following uses and disclosures require an authorization:

- Uses of psychotherapy notes
- Uses and disclosures of Personal Health Information for marketing
- Sale of Personal Health Information

**OUR RESPONSIBILITIES:**

This organization is required to:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction;
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations;
- notify you if there is a breach of your Personal Health Information

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will post a copy of the current notice in the office and on our website and include the effective date. We will not use or disclose your health information without your authorization, except as described in this notice.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If you believe your privacy rights have been violated, you may file a complaint with Spine & Neuro Pain Specialists or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

## **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS:**

*We will use your health information for treatment.*

**FOR EXAMPLE:** Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

*We will use your health information for payment.*

**FOR EXAMPLE:** A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**FOR EXAMPLE:** Members of the medical staff, the risk or performance improvement manager or members of the performance improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**DIRECTORY:** Unless you notify us that you object, we will use your name, location in the facility, general condition and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**NOTIFICATION:** We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your general location and condition.

**COMMUNICATION WITH FAMILY:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**RESEARCH:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. In some cases, research will be conducted through a limited data set of personal health information that we maintain for research and performance improvement purposes which excludes patient names and other identifying information.

**FUNERAL DIRECTORS AND MEDICAL EXAMINERS:** We may disclose health information to funeral directors and medical examiners consistent with applicable law to carry out their duties.

**ORGAN PROCUREMENT:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement of banking, or transplantation of organs for the purpose of tissue donation.

**MARKETING:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**FUND-RAISING:** We may contact you as part of a fund raising event.

**FOOD AND DRUG ADMINISTRATION:** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**WORKERS COMPENSATION:** We may disclose health information to the extent authorized by and to the extent necessary to comply with the laws relating to workers compensation or similar programs established by law.

**PUBLIC HEALTH:** As required by law, we may disclose your health information to the public health or legal authorities charged with preventing or controlling disease, injury or disability; to report births or deaths; to report child or elderly abuse or neglect.

**CORRECTIONAL INSTITUTION:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

**LAW ENFORCEMENT:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, court order, warrant summons or similar process. *As required by law:* we will disclose health information about you when required to do so by federal, state and local law.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil right laws.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a subpoena, discovery request, administrative order, or other lawful process by someone else involved in the dispute, in accordance with applicable law.