

Spine Sports and Pain Management

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PHYSICIAN PRACTICE'S NOTICE OF PRIVACY

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

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). We are legally required to protect the privacy of your health information. We call this information "protected health information" or "PHI" and it includes information that can be used to identify you, which we've created health care. This notice about our privacy practices explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time.

Before we make an important change to our policies, we will promptly change this notice and post a new notice in the main reception area. You can also request a copy of this notice from the contact person listed at the end of this notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these uses or disclosures, we do not need your specific authorization. Below, we describe the different categories of uses and disclosures.

A. USES AND DISCLOSURES WHICH DO NOT REQUIRE YOUR AUTHORIZATION

We may use and disclose your PHI without your authorization for the following reasons

1. **TREATMENT** We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel who provide you with health care services or are involved in your care. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. For emergencies, we will use and disclose your protected health information to provide the treatment you require.
2. **PAYMENT** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, obtaining approval for a surgical procedure might require that your relevant protected health information be disclosed to obtain approval to perform the procedure at a particular facility.
3. **HEALTH CARE OPERATIONS** We may disclose your PHI to support our daily activities related to providing health care. We may use your PHI to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.
4. **REQUIRED BY LAW** We make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglected, or domestic violence, when dealing with gunshot or other wounds, or when ordered in a judicial or administrative proceeding.
5. **PUBLIC HEALTH** We report information about births, deaths, and various diseases to government officials in charge of collecting that information. We provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
6. **HEALTH OVERSIGHT** We may your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.+
7. **CORONERS, FUNERALS DIRECTORS, AND ORGAN DONATIONS** We may disclose PHI to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. PHI may be used and disclosed for cadaveric organ, eye, or tissue donations.
8. **RESEARCH** We may disclose PHI to researchers when authorized by law, if 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 PHI.

9. **THREAT TO HEALTH OR SAFETY** Under applicable Federal and state laws, we may disclose your PHI to law enforcement or another health professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI to law enforcement authorities to identify or apprehend an individual.
 10. **MILITARY ACTIVITY AND NATIONAL SECURITY** We may use or disclose PHI of individuals who are Armed Forces personnel and veterans in certain situations. We may also disclose your PHI to authorized Federal officials for conducting national security and intelligence activities including protective services to the President of the United States.
 11. **WORKERS COMPENSATION** We may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.
 12. **PARENTAL ACCESS** State laws concerning minors permit or require certain disclosure of PHI to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this state and will make disclosures following such laws.
- B. USES AND DISCLOSURES OF PHI REQUIRING YOUR PERMISSION**
1. **INDIVIDUALS INVOLVED IN YOUR HEALTHCARE** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care.

USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION In any other situation not described above, we will ask you for written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any actions relying on the authorization)

- C. **ACCIDENTAL USES AND DISCLOSURES** Incidental uses and disclosures of information may occur. An accidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosures are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient at a nursing station that might be overheard by personnel not involved in the patient's care would be permitted.

WHAT RIGHTS DO YOU HAVE REGARDING YOUR PHI:

You have the following rights with respect to your PHI

- A. **RIGHT TO REQUEST RESTRICTIONS** You may ask us to use or disclose any part of your PHI for treatment, payment or health care operations. Your request must be made in writing to our Privacy Officer. Your request must indicate what information you want restricted whether you want to restrict our use or disclosure, or both to whom you want the restriction to apply: and an expiration date. If we believe that the restriction is not in the best interest of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request.
- B. **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS** You may request that we communicate with you using alternative means for at alternative locations. We will accommodate reasonable requests, when possible.
- C. **RIGHT TO GET COPIES WITH YOUR PHI** You may obtain a copy of your PHI that is contained in a "designated record set" for as long as we maintain the PHI. A designated record set contains medical and billing records and any other records that our Practice uses for making decisions about you. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your written request. In certain situations, we may deny your request. If we do, we will let you know in writing, our reasons for the denial and explain your right to have the denials reviewed.

If you request copies of your PHI, we will charge your \$1.00 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

- D. **RIGHT TO AN ACCOUNTING OF DISCLOSURES** You may request that we provide you with an accounting of the disclosures we have made to your PHI. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made on or after April 14, 2003 and no more than 6 years prior to the date of your request. This right excludes disclosures made directly to you, to other pursuant to an authorization from you, to family members or friends involved in your care, or for notification purpose.
- E. **RIGHT TO REQUEST AMENDMENT** If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your PHI as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that your privacy rights have been violated, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You may also send a written complaint to the Secretary of the US Department of Health and Human Services @ 200 Independence Ave. S.W., Room 615F, Washington D.C. 20201. No retaliation will occur against you for filing a complaint.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice for any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health Human Services, please contact **Heather**.

THIS NOTICE IS EFFECTIVE IN ITS ENTIRETY AS OF APRIL 14, 2003

Print name: _____
Signature: _____
Date: _____