



SPINE & SPORT

"An Active Approach to Spinal & Extremity Injuries"

Spine & Sport 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.

Our Privacy Obligations

We are required by law to maintain the privacy of medical and health information about you ("**Protected Health Information**" or "**PHI**") and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

I. Permissible Uses and Disclosures Without Your Written Authorization

Spine & Sport collects health information about you and stores it in charts and on computers. This is a medical record. The medical record is the property of Spine & Sport. Under the law, Spine & Sport may use or disclose your health information and medical record for the following purposes:

A. Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and disclose PHI in order to treat you, obtain payment for services provided to you and conduct our "health care operations" (e.g., internal administration, financial, legal, quality improvement and customer service activities) as summarized below:

- Treatment. We use and disclose PHI to provide treatment and other services to you—for example, to evaluate, assess and treat your injury or illness. In addition, 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. We may also disclose PHI to other providers involved in your treatment.
- Appointment Reminders. We may use and disclose PHI to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
- Sign in Sheet. We may use and disclose PHI by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
- Payment. We may use and disclose PHI to obtain payment for services that we provide to you—for example, disclosures to verify benefits or claims, and obtain payment from your health insurer, workers compensation carrier, employer, attorney, welfare agency, debt collections and consumer credit agencies, or other company or individual that arranges or pays the cost of some or all of your health care.
- Health Care Operations. We may use and disclose PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our therapists, assistants and other health care workers. We may disclose PHI to our office manager and business executives in order to resolve any complaints you may have and ensure that you have a pleasant visit with us.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

B. Disclosure to Relatives Close Friends and Other Caregivers. We may use or disclose PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. If you object to such uses or disclosures, please notify the Clinic Director.

If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location or general condition.

C. Public Health Activities. We may disclose PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report suspected child, elder or dependent abuse and neglect or domestic violence to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

D. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

E. Health Oversight Activities. We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings. We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials. We may disclose PHI to the police or other law enforcement officials as required or permitted or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents. We may disclose PHI to a coroner or medical examiner as authorized by law.

I. Organ and Tissue Procurement. We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

J. Research. We may use or disclose PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.

K. Health or Safety. We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

L. Specialized Government Functions. We may use and disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances required by law.

M. Workers' Compensation. We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

N. Marketing Communications. We may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products. We may also encourage you to purchase a product or service when we see you, and we are also permitted to give you a promotional gift of nominal value, if we so choose.

O. As required by law. We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

II. Use and Disclosures Requiring Your Written Authorization. For any purpose other than the ones described in this Notice, we will not use or disclose PHI which identifies you without your written authorization. If you do authorize Spine & Sport to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time.

III. Your Individual Rights

A. **Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of PHI. All requests for such restrictions must be made in writing. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from the Clinic Director and submit the completed form. We will send you a written response.

B. **Right to Receive Confidential Communications.** You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

C. **Right to Inspect and Copy Your Health Information.** You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you desire access to your records, please obtain a record request form from the Clinic Director and submit the completed form to the Clinic Director. We will charge a reasonable fee, as allowed by California law.

D. **Right to Amend Your Records.** You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Clinic Director and submit the completed form to the Clinic Director. All requests for amendments must be in writing. We will make reasonable attempts to comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

E. **Right to an Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003.

F. **Right to Receive Paper Copy of this Notice.** Upon written request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

IV. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to PHI, you may contact the Clinic Director. All complaints must be submitted in writing. You may also file written complaints with the Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue S.W., Room 509F HH Building, Washington, DC 20201 (206)6190403. You will not be penalized for filing a complaint.

V. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in our reception area. You may also obtain any revised notice by contacting the Clinic Director at this office.