

Notice of Privacy Practices and Consent



NOTICE OF PRIVACY PRACTICES

S.P.I.N.E. CENTER NOTICE OF PRIVACY PRACTICES

(ACCORDING TO THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT-HIPAA)

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 PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. At the S.P.I.N.E Center, we are committed to protecting your medical information. We create a record of the care and services you receive at our S.P.I.N.E Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the S.P.I.N.E Center, whether made by S.P.I.N.E Center's personnel or your personal doctor. Your personal doctor may have different policies or notices regarding [Type here]

his or her use and disclosure of your medical information created in the office or clinic.

We are required by law to:

- Make sure that medical information that identifies you is kept confidential.
- Give you this Notice of our legal duties and our privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE?

- This notice describes our S.P.I.N.E Center's practices and that of:
- Any health care professional authorized to enter information into your S.P.I.N.E Center's record.
- All departments and units of our S.P.I.N.E Center.
- Any member of a volunteer group we allow to help you while you are in the S.P.I.N.E Center.
- All employees, staff and other S.P.I.N.E Center's personnel.
- The S.P.I.N.E Center's and the joint venture partner may share medical information with each other for purposes of treatment, payment or S.P.I.N.E Center operations described in this Notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will briefly explain what we mean and try to give you some examples. Not every use or disclosure in a category will be listed, but all of the ways we are allowed to use and disclose information will fall within one of the categories.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, and medical students, other S.P.I.N.E. Center personnel, or healthcare providers who are involved in your medical care. For example, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the S.P.I.N.E. Center may also share medical information about you to coordinate your different health care needs.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the S.P.I.N.E. Center may be billed to and payment may be collected from you, an insurance company or a third party.
- **For Health Care Operations.** We may use and disclose medical information about you for S.P.I.N.E. Center operations. These uses and disclosures are necessary to run the S.P.I.N.E. Center and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

GENERAL USES AND DISCLOSURES OF HEALTH INFORMATION

- **Appointment Reminders.** We may use and disclose your medical information to contact you and remind you of an appointment for treatment or medical care at the S.P.I.N.E. Center.
- **Treatment Alternatives.** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.
- **S.P.I.N.E. Center Directory.** We may include certain limited information about you in the S.P.I.N.E. Center directory while you are a patient at the S.P.I.N.E. Center. This information may include your name, location in the S.P.I.N.E. Center, your general condition, and your religious affiliation. If you do not wish to be listed in the S.P.I.N.E. Center directory, you may choose to opt out of the S.P.I.N.E. Center directory during your hospitalization.
- **Marketing.** We may use your medical information to communicate freely with you about treatment options and other health-related information such as disease management programs, but we will not give your confidential medical information to a third party for purposes of marketing products.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. With your permission, we may also tell your family or friends your condition and that you are in the S.P.I.N.E. Center.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION FOR RELEASE

- **As Required By Law.** We will disclose your medical information when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

- **Organ and Tissue Donation.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement, organ, eye or tissue transplantation, or organ donations, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release your medical information to comply with requirements of workers' compensation programs and associated state laws. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose your medical information for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability.
 - to report births and deaths
 - to report child abuse or neglect
 - to report reactions to medications or problems with products.
 - to notify people of recalls of products they may be using.
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
 - o In response to a court order, subpoena, warrant, summons or similar process and after consulting legal counsel.
 - o To identify or locate a suspect, fugitive, material witness, or missing person.
 - o About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
 - o About a death we believe may be the result of criminal conduct;
 - o About criminal conduct at the S.P.I.N.E. Center; and
 - o In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who may have committed the crime.
- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official.
- **Coroners, Medical Examiners and Funeral Directors.** We may release your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the S.P.I.N.E. Center to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials for the purpose of providing protection to the President or foreign heads of state or for the purposes of conducting special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to the use and disclosure of your medical information will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We cannot, however, take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

- **Right To Inspect and Copy.** You have the right to inspect and copy your medical information, including medical and billing records, but not psychotherapy notes.

To inspect and copy your medical information, you must submit your request in writing to the S.P.I.N.E. Center's medical records department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Another licensed health care professional chosen by the S.P.I.N.E. Center will review your request and the denial. The person conducting the review will not be the person who denied your request.

- **Right to Amend.** If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing, and submitted to the S.P.I.N.E. Center Administrator, and include a reason that supports your request.

We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for the S.P.I.N.E. Center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the S.P.I.N.E. Center administrative office. Your request must state a time period which may not be longer than six years and may not include dates before September 9, 2024. The first list you request within a 12-

month period is free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. For example, you could ask that we not use or disclose information about a surgery you had. We may require you to make such requests in writing but are not required to grant all restriction requests. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

• Right to Request Alternative Means of Communicating Confidential Information

You may ask us to communicate your information by alternative means (such as by fax) or to an alternative location (such as a business address). We may require patients to make such requests in writing.

• Right to a Notice of Privacy Practices. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice from the S.P.I.N.E. Center’s administrative office.

CHANGES TO THIS NOTICE

We reserve the right to change the information in this Notice. Any changes we make will remain consistent with applicable federal and state laws protecting patient information. We will post a copy of the current notice in the S.P.I.N.E. Center. Each time you register at or are admitted to the S.P.I.N.E. Center for treatment or health care services as a patient, we will offer you a copy of the current Notice in effect. You may also request a copy of the current Notice by calling or writing the Privacy Officer for the S.P.I.N.E. Center.

COMPLAINTS

If you have a question or would like to file a complaint with us, contact the Privacy Officer as listed below. If you believe your privacy rights have been violated, you may file a written complaint with us or the Secretary of the Department of Health and Human Services or the Office of Civil Rights. You will not be penalized for filing a complaint.

**Chesterfield S.P.I.N.E Center,
Clarkson Executive Building,
16216 Baxter Road, Suite 110,
Chesterfield, MO 63017**

All complaints will be acted upon. You will be notified of the results of the review in a reasonable amount of time, generally within 30 days or less. If for any reason you are not satisfied with the results or information received, please feel free to contact the S.P.I.N.E. Center Practice Manager of the S.P.I.N.E. center at +1(314)557-3472.

HIPAA Consent for Purposes of Treatment, Payment & Healthcare Operations

In this document, I and my refer to the patient, and the Physician refers to provider of S.P.I.N.E. Center.

I consent to the use or disclosure of my protected health information by the physician for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of the physician I understand that analysis, diagnosis or treatment of me by the physician may be conditioned upon my consent as evidenced by my name and signature below.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. The physician is not required to agree to the restrictions that I may request. However, if the Physician agrees to a restriction that I request, the restriction is binding on the physician. I have the right to revoke this consent, in writing, at any time, except to the extent that physician has taken action in reliance on this Consent. My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a healthcare professional. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy Practices of the physician and understand that I have a right that Notice 's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the physician. The Notice of Privacy Practices for physicians is also available at the front desk at 16216 Baxter Road Suite 110 phone number (314-557-3472). This Notice of Privacy Practices also describes my rights and duties as a Physician with respect to my protected health information. The Physician reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office of the physician and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Patient Name _____

Signature _____