

Center For Spinal Disorders
HIPAA Compliance Document
1331 N 7th Street Suite 140
Phoenix, AZ 85006

Notice of Privacy Practices for Protected Health Information

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

The Health Information Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

We have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for the following purposes:

FOR TREATMENT: We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, therapists, technicians, or other personnel who are involved in taking care of you. They may work at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, rehabilitation facility, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, physical therapy, prescription refills, or for other treatment purposes.

FOR PAYMENT: We may use and disclose health information about you so that the treatment and services you receive from us may be billed and payment collected from you, an insurance company, or a third party. Your health, disability, or Worker's Compensation carrier may require access to your medical information as a condition to providing your benefits. We may also use health information to determine insurance benefits and eligibility or for utilization review.

FOR HEALTH CARE OPERATIONS: We may use and disclose health information about you for operations of our health care practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis and customer service. We obtain services from business associates (an individual or entity under contract with us to perform or assist us in a function or activity that necessitates the use or disclosure of health information) for credentialing, medical transcription, and medical review. We will share health information about you with our business associates

as necessary to obtain these services. We require our business associates to protect confidentiality of your health information.

APPOINTMENT REMINDERS: We may contact you to provide appointment reminders. Please let us know if you do not wish to have us contact you concerning you're appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

RESEARCH: We may collect and review information related to your spinal problem in order to measure the outcomes of treatment. An on-going critical review of treatment results is an important part of providing excellent medical care. Dr. Stevens may wish to describe your case at medical meetings or in medical literature. Your identity will never be disclosed and all identifying information is removed from any description of your case.

AS REQUIRED BY LAW: We will disclose health information about you when required to do so by federal, state, or local law.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order.

SIGN IN SIGHT: We may use or disclose your health information 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.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have the right to:

- Request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- Request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.

- Inspect and obtain a copy of your protected health information. A request must be submitted in writing at the Center for Spinal Disorders, 1331 N. 7th Street, Suite 140, Phoenix, Arizona 85006.
- The right to receive an accounting of disclosures of protected health information.
- Obtain notice; we have the obligation to provide to you a paper copy of the Notice of Privacy Practices for Protected Health Information.
- Request that your medical record be amended to correct incomplete or incorrect information by delivering a written request, including a reason to support it, to our office using the form we provide to you upon request.

OUR RESPONSIBILITIES

The office is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with Notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

This notice is effective as of 8/1/03. We reserve the right to amend, change, or eliminate provisions in our privacy and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice upon request.

To Request Information or File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Tara Peterson, Practice Manager. All complaints must be submitted in writing. We cannot and will not retaliate against you for filing a complaint.