

NOTICE OF PRIVACY POLICIES
The Center for Spine Pain

INTRODUCTION

At The Center for Spine Pain, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. We are required by law to maintain the confidentiality of your individually identifiable health information. We are also required by the Health Insurance Portability and Accountability Act (HIPAA) to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your Protected Health Information (PHI).

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights regarding you PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our office in a visible location at all times. You will be given the opportunity to review and/or receive a copy of the Privacy Practices of The Center for Spine Pain upon request.

By signing this form below, I acknowledge the above terms of the Privacy Policies

_____ Date _____
Patient Signature

Printed Name

_____ Date _____
Signature of responsible party (if patient is a minor)

