

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 law (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 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 a copy when you first become our patient and additional copies are available upon request.

UNDERSTANDING YOUR HEALTH RECORD / INFORMATION

The following categories describe the different ways in which we may use and disclose your PHI:

For Treatment: Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests and we may use the results to help us reach a diagnosis. Many of the people who work for our practice (including, but not limited to, our doctors and staff) may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

For Payment: Our practice may use and disclose your PHI in order to bill and collect payment for the services you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits. A bill may be sent to your insurer that includes information that identifies you as well as your diagnosis, procedures and supplies used.

For Health Care Operations: Members of our staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. Your PHI may be viewed by Business Associates who assist us in the operation of the practice (e.g.: billing services, computer technicians, etc.).

We may also use and disclose health information for the following purposes:

- **Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment. This information may be left as a message on your telephone.
- **Communication with family.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- **Research.** We may disclose information to researchers when 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 health information.
- **Public health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Workers' Compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.
- **Correctional institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- **Law enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Future communications.** We may communicate to you via newsletters, flyers or other means regarding treatment options, wellness programs or other health related information.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding the PHI that we maintain about you:

- **Confidential communications.** You have the right to 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 at work. In order to request a type of confidential communication, you must make a written request to The Center for Spine Pain specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
- **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. You have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make a request in writing to The Center for Spine Pain, attention: Privacy Officer.
- **Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to The Center for Spine Pain, attention: Medical Records. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

- **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to The Center for Spine Pain, attention: Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete, (b) not part of the PHI kept by or for the practice, (c) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- **Accounting of disclosures.** Patients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for other than normal treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to The Center for Spine Pain, attention: Privacy Officer.
- **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

AUTHORIZATION FOR OTHER USES AND DISCLOSURES

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. Please contact our Privacy Officer.

If you have any questions regarding this notice of our health information privacy policies, please contact our Privacy Officer.

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