

**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.**  
**If you have any questions about this notice please contact: Eva LeCroy**

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also describes the rights you have concerning your own protected health information.

**UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:**

Each time you visit the physician, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information serves as a basis for planning your care and treatment; means of communication amongst health care professionals; legal document describing the care you received; means by which a third party can verify services were rendered for billed charges; a tool for educating health professionals; and a source of data for medical research. Understanding what is in your record and how health information is used helps you ensure its accuracy.

**YOUR HEALTH INFORMATION RIGHTS:**

Although your health record is the physical property of the healthcare practitioner, the information belongs to you. You have a right to request a restriction on certain uses and disclosures of your information. You have the right to: obtain a paper copy of your health record, inspect your health record, obtain an accounting of disclosures of your health information, request communications of your health information, and revoke your authorization to use or disclose health information except to the extent that action has already been taken.

We are required to abide by the terms of this privacy notice. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:**

**Treatment:**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination and management of your health care with a third party. We may disclose your protected health information to another physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis and treatment.

**Payment:**

We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment. We may also use this information to determine eligibility and coverage. For hospital admissions, your relevant protected health information may be disclosed to obtain prior approval.

**Healthcare Operations:**

We may use and disclose your medical information if it is necessary to support the business activities of your physician's practice. These activities include but are not limited to, quality assessment activities, employee review activities, and training of medical students. We will call you by name upon registration and verify your demographics. We will call you by name in the waiting room when your physician is ready to see you. We may use your information to contact you about an appointment. We will share your information with a third party that performs various activities, such as billing, transcription, or record storage. Whenever an arrangement with a third party involves the use of your protected health information, we will have a contract with that third party that contains terms that will protect the privacy of your information. Your protected health information may also be used for marketing purposes. We may send you information about our practice, services, or products that may be beneficial to you.

**Research:**

We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

**Others involved in your healthcare:**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to your care. If you are unable to agree or object to this disclosure, we may disclose such information as is necessary if we determine that it is in your best interest. We may use or disclose of your information to notify a family member or personal representative that is responsible for your care of your location, general condition, or death.

**Emergencies:**

We may use or disclose of your protected health information in an emergency treatment situation. Thereafter, we will attempt to obtain your permission as soon as possible.

**Communication Barriers:**

We may use or disclose your protected health information if your physician attempts to obtain your consent, but due to communication problems is unable to do so. Your protected health information may be used if your physician determines that you intend to consent.

## **USES AND DISCLOSURES WITHOUT YOUR PERMISSION:**

### **Required by Law:**

Federal, state, or local laws sometimes require us to disclose patients' medical information. We are required by the Department of Health and Human Services to disclose protected health information to determine our compliance with their requirements. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the State Workers' Compensation Program for work-related injuries.

### **Legal Proceedings:**

We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of the court or administrative tribunal, subpoena, discovery request, or other lawful process.

### **Law Enforcement:**

We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: legal processes and otherwise required by law, limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion of death as a result of criminal conduct, crime occurs on the practice premises, medical emergency (not at the practice site) and it is likely a crime has occurred.

### **Public Health:**

We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using. We may also disclose to a foreign government agency that is collaborating with the public health authority.

### **Public Safety:**

We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the Hospital. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

**Coroners, Medical Examiners and Funeral Directors:**

We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:**

We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:**

If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The Hospital may also disclose medical information to federal officials for intelligence and national security purposes, or for presidential Protective Services.

**YOUR RIGHTS:****Information with Additional Protection:**

Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, the practice is required to get your permission before disclosing that information to others in many circumstances.

**Other Uses and Disclosures:**

If the practice wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, the practice will seek your permission. If you give your permission to the practice, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you ever would like to revoke your permission, please notify the Privacy Official in writing.

**Right to Request Your Medical Information:**

You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, write to the Privacy Official. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

**Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete:**

If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, write to the Privacy Official.

**Right to Get a List of Certain Disclosures of Your Medical Information:**

You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to the Privacy Official. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How the Practice Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations:**

You have the right to request us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the practice. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Privacy Official and describe your request in detail.

**Right to Request Confidential Communications:**

You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, write to the Privacy Official. You can also ask to speak with your health care providers in private outside the presence of other patients.

**Right to a Paper Copy:**

If you have received this notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the notice from our Web site, at [www.spinetex.com](http://www.spinetex.com) or you may obtain a paper copy of the notice from the Privacy Official.

**CONCERNS OR COMPLAINTS:**

Please tell us about any problems or concerns you have with your privacy rights or how the practice uses or discloses your medical information. If you have a concern, please contact The privacy official, Eva LeCroy, at 210-561-7234

If for some reason the practice cannot resolve your concern, you may also file a complaint with the federal government at the Office of the Secretary of Health and Human Services:

Office of Civil Rights: <http://www.hhs.gov/ocr/>

Comments/Questions: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

Office of Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

OCR Hotline-Voice: (800) 368-1019

We will not penalize you or retaliate against you in any way for filing a complaint with the federal government. Our practice is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how the practice may use and disclose your medical information, please contact the Privacy Official.

Effective date: April 15, 2003.