

## **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.

Dallas Spine Care uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices. You can request a copy of this notice at any time. For more information about this notice or our privacy practices and policies, please contact our HIPAA compliance officer, Kari Mahan.

### **Treatment, Payment, Health Care Operations**

#### **Treatment**

We are permitted to use and disclose your medical information to those involved in your treatment. We are specialists and when we provide treatment, we may request that your treating physician or primary care physician share your medical information with us. Also, we will in turn provide your treating physician or primary care physician with the information about your particular condition.

#### **Payment**

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we will complete a claim form to obtain payment from your insurance company. The form will contain medical information, such as a description of the medical service provided to you, that your insurer needs to approve payment to us.

#### **Health Care Operations**

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, your doctor may speak with another physician about your case to request a second opinion to be sure the best health care is provided by this practice. Also, your physician may request another provider outside of our practice to assist him during your surgery. Information needed to send request for payment from the insurance carrier will be provided to this provider or his/her office directly.

### **Disclosures That Can Be Made Without Your Authorization**

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

#### **Public Health, Abuse or Neglect, and Health Oversight**

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital

statistics (like births and deaths), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose your medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

### **Legal Proceedings and Law Enforcement**

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is released pursuant to legal process, such as warrant or subpoena;
- Pertains to a victim or crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct
- Is about a victim of crime and we are unable to obtain the person's agreement;
- Is released because of a crime that has occurred on these premises;
- Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

### **Worker's Compensation**

We will disclose your medical information as required by the Texas workers' compensation law.

### **Inmates**

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution to provide you with medical care, to protect your health or the health and safety of others, or the safety and security of the institution.

### **Military, National Security and Intelligence Activities, Protection of the President**

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized governmental officials, or foreign heads of state.

**Research**

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. An IRB approved informed consent, specific to the research study in which you participate, will be obtained prior to any research study procedures. In addition, the IRB may require consent related to their privacy procedures in which case additional consent forms will be provided for signature.

**Required by Law**

We may release your medical information where the disclosure is required by law.

**Your Rights Under Federal Privacy Regulations**

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA.) Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

**Requested Restrictions**

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do not have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing to Dallas Spine Care:

- The information to be restricted;
- What kind of restriction you are requesting (i.e. on the use of information, disclosure of information, or both);
- To whom the limits apply.

You may request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

You must understand that if you do request restrictions that prevent the sharing of health care information with any or all parties associated with your care and treatment, or any or all parties involved with obtaining authorization from your insurance carrier to provide recommended care and treatment, we will no longer be able to provide care and treatment to you and you will have to seek services from another physician.

**Receiving Confidential Communications by Alternative Means**

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to Amras, our custodial service at 1926 Silver Street, Garland, Texas 75074. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send the information to a particular place, the contact/address information.

### **Inspections and Copies of Protected Health Information**

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Please send your request to Dallas Spine Care.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

- Includes a psychotherapy note;
- Includes the identity of a person who provided information if it was obtained under a promise of confidentiality;
- Is subject to the Clinical Laboratory Improvements Amendments of 1988;
- Has been compiled in the anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Texas law requires that we are ready to provide copies or a narrative within 15 days of your request. Narratives are written solely at the discretion of the physician and are not required by law. We will inform if we believe access should be limited. If we deny access, we will inform you in writing.

The Texas Board of Medical Examiners (TBME) has set limits on fees for copies of medical records and any request for records will require that a fee be assessed. Payment will be required prior to copying of the records.

### **Amendment of Medical Information**

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to Amras (address previously provided.) We will respond within 60 days of your request. We may refuse to allow an amendment if the information:

- Was not created by this practice or the physicians here in this practice;
- Is not a part of the Designated Record Set.
- Is not available for inspection because of an appropriate denial.
- Is already accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and notify others known to have the incorrect information.

### **Accounting of Certain Disclosures**

The HIPPA privacy regulations permit you request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to Dallas Spine Care. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that

period we are permitted to charge for the cost of providing the list. We will notify you of the charge and you may choose to withdraw or modify your request before any costs are incurred.

### **Notification by Phone or Mail**

We may contact you by telephone, mail or both to provide you with information about your appointments or treatment modifications.

### **Complaints**

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services  
HIPAA Complaint  
75 Security Blvd., C5-24-04  
Baltimore, M.D. 21244

### **Our Promise to You**

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

### **Questions and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Kari Mahan  
Privacy Officer  
Dallas Spine Care, P.A.  
1261 Record Crossing  
Dallas, Texas 75235  
Phone 214.688.0078  
Fax 214.688.0359

This notice is effective on April 14, 2003 We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.

**Acknowledgement of Review of  
Notice of Privacy Practices**

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority