**PREMIER SPINE CARE**

**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.

Premier Spine Care, P.A. is required, by law, to maintain the privacy and confidentiality

of your protected health information and to provide our patients with notice of our legal

duties and privacy practices with respect to your protected health information.

**Disclosure of Your Health Care Information**

**Treatment**

We may disclose your health care information to other healthcare professionals within

our practice for the purpose of treatment, payment or healthcare operations. (example)

*“On occasion, it may be necessary to seek consultation regarding your condition*

*from other health care providers associated with Premier Spine Care, P.A.”*

*“It is our policy to provide a substitute health care provider, authorized by Premier*

*Spine Care, P.A. to provide assessment and/or treatment to our patients, without*

*advanced notice, in the event of your primary health care provider’s absence due*

*to vacation, sickness, or other emergency situation.”*

**Payment**

We may disclose your health information to your insurance provider for the purpose of

payment or health care operations. (example)

*“As a courtesy to our patients, we will submit an itemized billing statement to your*

*insurance carrier for the purpose of payment to Premier Spine Care, P.A. for*

*health care services rendered. If you pay for your health care services*

*personally, we will, as a courtesy, provide an itemized billing to your insurance*

*carrier for the purpose of reimbursement to you. The billing statement contains*

*medical information, including diagnosis, date of injury or condition, and codes*

*which describe the health care services received.”*

**Workers’ Compensation**

We may disclose your health information as necessary to comply with State Workers’

Compensation Laws.

**Emergencies**

We may disclose your health information to notify or assist in notifying a family member,

or another person responsible for your care about your medical condition or in the event

of an emergency or of your death.

**Public Health**

As required by law, we may disclose your health information to public health authorities

for purposes related to: preventing or controlling disease, injury or disability, reporting

child abuse or neglect, reporting domestic violence, reporting to the Food and Drug

Administration problems with products and reactions to medications, and reporting

disease or infection exposure.

**Judicial and Administrative Proceedings**

We may disclose your health information in the course of any administrative or judicial

proceeding.

**Law Enforcement**

We may disclose your health information to a law enforcement official for purposes such

as identifying or locating a suspect, fugitive, material witness or missing person,

complying with a court order or subpoena, and other law enforcement purposes.

**Deceased Persons**

We may disclose your health information to coroners or medical examiners.

**Organ Donation**

We may disclose your health information to organizations involved in procuring, banking,

or transplanting organs and tissues.

**Research**

We may disclose your health information to researchers conducting research that has

been approved by an Institutional Review Board.

**Public Safety**

It may be necessary to disclose your health information to appropriate persons in order

to prevent or lessen a serious and imminent threat to the health or safety of a particular

person or to the general public.

**Specialized Government Agencies**

We may disclose your health information for military, national security, prisoner and

government benefits purposes.

**Marketing**

We may contact you for marketing purposes or fundraising purposes, as described

below: (example)

*“As a courtesy to our patients, it is our policy to call your home on the evening*

*prior to your scheduled appointment to remind you of your appointment time. If*

*you are not at home, we leave a reminder message on your answering machine*

*or with the person answering the phone. No personal health information will be*

*disclosed during this recording or message other than the date and time of your*

*scheduled appointment along with a request to call our office if you need to*

*cancel or reschedule your appointment.”*

*“It is our practice to participate in charitable events to raise awareness, food*

*donations, gifts, money, etc. During these times, we may send you a letter, post*

*card, invitation or call your home to invite you to participate in the charitable*

*activity. We will provide you with information about the type of activity, the dates*

*and times, and request your participation in such an event. It is not our policy to*

*disclose any personal health information about your condition for the purpose of*

*Premier Spine Care, P.A. sponsored fund-raising events.”*

**Change of Ownership**

In the event that the Premier Spine Care, P.A. is sold or merged with another

organization, your health information/record will become the property of the new owner.

**Your Health Information Rights**

* You have the right to request restrictions on certain uses and disclosures of your

health information. Please be advised, however, that Premier Spine Care, P.A.

is not required to agree to the restriction that you requested.

* You have the right to have your health information received or communicated

through an alternative method or sent to an alternative location other than the

usual method of communication or delivery, upon your request.

* You have the right to inspect and copy your health information.
* You have a right to request that Premier Spine Care, P.A. amend your protected

health information. Please be advised, however, that Premier Spine Care, P.A. is

not required to agree to amend your protected health information. If your request

to amend your health information has been denied, you will be provided with an

explanation of our denial reason(s) and information about how you can disagree

with the denial.

* You have a right to receive an accounting of disclosures of your protected health

information made by Premier Spine Care, P.A.

* You have a right to a paper copy of this Notice of Privacy Practices at any time

upon request.

**Changes to this Notice of Privacy Practices**

Premier Spine Care, P.A. reserves the right to amend this Notice of Privacy Practices at

any time in the future, and will make the new provisions effective for all information that it

maintains. Until such amendment is made, Premier Spine Care, P.A. is required by law

to comply with this Notice.

Premier Spine Care, P.A. is required by law to maintain the privacy of your health

information and to provide you with notice of its legal duties and privacy practices with

respect to your health information. If you have questions about any part of this notice or

if you want more information about your privacy rights, please contact: the Office Manager at

913-322-2700. If the Office Manager is not available, you may make an appointment for a

personal conference in person or by telephone within 2 working days.

**Complaints**

Complaints about your Privacy rights, or how Premier Spine Care, P.A. has handled

your health information should be directed to Office Manager by calling this office at 913-

322-2700. If the Office Manager is not available, you may make an appointment for a personal

conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you

may submit a formal complaint to:

DHHS, Office of Civil Rights

200 Independence Avenue, S.W.

Room 509F HHH Building

Washington, DC 20201

This notice is effective as of \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Premier Spine Care, P.A. with my authorization and

consent to use and disclosed my protected health care information for the purposes of

treatment, payment and health care operations as described in the Privacy Notice.

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Patient’s Name (print)

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Patient’s Signature Date

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Authorized Facility Signature Date