



# 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**

**A. OUR COMMITMENT TO PRIVACY.** Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we create medical records regarding you and the care, treatment, and services that we provide you. We are required by law to safeguard the confidentiality of health information that identifies you. We are also required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. We are required to abide by the terms of our Notice of Privacy Practices, as currently in effect.

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 the terms of this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records we may create and maintain in the future. Our practice will post a copy of our current Notice on our website and in our offices in a prominent location at all times. You may request a copy of our most current Notice of Privacy Practices at any time.

**B. USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.** We may use or disclose your protected health information for purposes of treatment, payment or health care operations. For each of those categories we provide below a description and at least one example of such uses and/or disclosures. The examples are illustrative and are not meant to be exhaustive.

*Treatment.* Our practice may use your PHI to provide you with medical treatment and or services. We may disclose PHI about you to physicians, nurses, paraprofessionals, technicians and other practice personnel who are involved in your care and treatment in our practice. The people that work in our practice, including but not limited to our doctors and nurses, may use or disclose your PHI in order to treat you or to assist others in your care and treatment. We may also disclose PHI about you to health care providers outside of our office who are also involved in your care and treatment. For example, we may disclose your PHI to a referring doctor or pharmacy for treatment purposes. We may also share your PHI with other providers in order to coordinate services, such as lab work and x-rays.

*Payment.* Our practice may use and disclose PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (or for what range of benefits), and we may need to disclose PHI to your health insurer in order for us to obtain payment for services. We may also disclose to your insurer information about a treatment or services you may receive in order to obtain prior approval or to determine whether your plan will cover the treatment or service.

*Health care operations.* We may use and disclose PHI in order to conduct our normal business operations as a health care provider. For example, we may use your PHI to review the treatment and services provided, to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide. We may also disclose your PHI to another company that performs business services for us, such as billing companies, technology and software vendors, attorneys, or external auditors, but only under a written agreement that protects the privacy of your PHI.

## **C. OTHER WAYS WE MAY USE AND DISCLOSE OF YOUR PROTECTED HEALTH INFORMATION**

*Appointment Reminders / Phone Calls.* We may use and disclose PHI to contact you with a reminder that you have an appointment for treatment. We may also call you to provide information about your treatment and care.

*Treatment Alternatives or other Health Related Benefits and Services.* We may use and disclose your PHI to tell you about or recommend possible treatment alternatives or health related benefits or services that may be of interest to you. For example we may forward PHI to a program to which you have applied for assistance in paying for a medication.

*Individuals Involved in Your Care or Payment for Your Care.* Our practice may disclose to a family member, other relative, a close personal friend, or any other person identified by you, the confidential information that is relevant to that person's

involvement with your care or payment for your health care. If you are present or otherwise available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not present or otherwise available, we will determine whether a disclosure of your PHI is in your best interest, taking into account the circumstances and based upon our professional judgment. For example, if a friend drives you to and home from your procedure, we may need to inform that person if there is a delay or a complication.

*Emergencies.* Our practice may use and disclose your PHI in emergency situations if the opportunity to object to such uses and disclosures cannot practicably be provided because of your incapacity or an emergency circumstance.

**D. USE AND DISCLOSURE OF YOUR PHI REQUIRED BY LAW.** We may use or disclose your PHI to the extent that such use or disclosure is required by federal or state law. For example, we are required to comply with lawfully issued administrative agency directives, court orders and subpoenas.

*Public Health Risks.* We may use or disclose your PHI to authorized public health officials so they may carry out public health activities. For example, we may disclose your PHI to public health officials for reasons such as the following:

- to prevent or control disease, injury or disability;
- to report vital events such as deaths;
- to report child abuse or neglect;
- to report quality, safety or effectiveness of FDA-regulated products or activities;
- to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease.

*Victims of Abuse, Neglect or Domestic Violence.* We may use or disclose your PHI to government authorities, including social service or protective services agency, authorized by law to receive reports of abuse neglect or domestic violence. For example we may report your PHI to government officials, to the extent allowed by law, if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make efforts to obtain your permission before such a disclosure, except under circumstances where we are required or authorized to act without your permission.

*Health Oversight Activities.* We may disclose your PHI to a health oversight agency for activities authorized by law. These agencies are authorized by law to monitor the operation of the health care system, government benefits programs, and compliance with government regulatory programs. The oversight activities may include audits; civil, criminal, or administrative investigations or actions; inspections; and licensure or disciplinary actions.

*Lawsuits and Similar Proceedings.* Our practice may use or disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have received satisfactory assurances from the party requesting the information that reasonable efforts have been made to inform you of the request or has obtained a qualified protective order.

*Law Enforcement Purposes.* Our practice may disclose your PHI to law enforcement officials for the following reasons:

- in response to court orders, warrants, subpoenas, or summons or similar legal process;
- to assist law enforcement officials with identifying or locating a suspect, fugitive, material witness, or missing person;
- if you have been or are suspected of being a victim of a crime and you agree to the disclosure, or if we are unable to obtain your agreement because of your incapacity or other emergency.
- if we suspect that a death resulted from criminal conduct;
- to report evidence of criminal conduct that occurred on the premises of our practice;
- in an emergency, to report a crime (including the location or victims of the crime, or the identity, description or location of the perpetrator), to the extent allowed by law.

*Deceased Patient.* We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or other duties as authorized by law. We may also release PHI to funeral directors as necessary to carry out their duties.

*Research.* In most cases, we will ask for your written authorization before using or disclosing your PHI to conduct research. However, in limited circumstances we may use or disclose PHI without authorization if: (i) the use or disclosure was approved by an Institutional Review Board or a Privacy Board; and (ii) we obtain representations from the researcher that the information is necessary for the research protocol, PHI will not be removed from our practice, and the information will be used solely for research purposes; or (iii) the PHI sought by the researcher relates only to decedents and the researcher agrees that the use or disclosure is necessary for the research.

*To Avert Serious Threat to Health and Safety.* We may use or disclose your PHI if, in good faith, we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Also we may disclose your PHI to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, and to law enforcement authorities to identify or apprehend an individual.

*Specialized Government Functions.* To the extent required by law, we may use and disclose your PHI for the following purposes:

- Military and veteran authorities, if you are a member or veteran of the U.S. military forces;
- Intelligence, counter-intelligence, and other national security activities authorized by law;
- As to inmates, to a correctional institution or a law enforcement official having lawful custody of the individual.

*Workers' Compensation.* We may disclose your PHI for Workers' Compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

## E. OTHER OBLIGATIONS OF OUR PRACTICE

We also have the following obligations in relation to your PHI:

*Notification of Breach.* We are required to notify affected individuals if a breach of unsecured PHI occurs.

*Written Authorization for Other Disclosures.* Uses and disclosures of your PHI that are not described in this Notice will be made only with your written authorization. We are required to obtain your written authorization for certain special uses and disclosures of your PHI, such as (a) use or disclosure of PHI for certain marketing purposes, and (b) a use or disclosure that would constitute a sale of your PHI.

## F. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

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

*Request Restrictions.* You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have a right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. If you request a restriction on disclosure of your identifiable information to a health insurer or other health plan for purposes of payment or health care operations, we are required to honor that request only if (a) the disclosure is not otherwise required by law, and (b) the information pertains only to items or services for which our organization has been paid in full by you or someone else on your behalf. *We are not required to agree to your request for any other restriction on use or disclosure.* However, if we do agree, we will limit disclosures of your PHI except when otherwise required by law, in emergencies, or when the use or disclosure of information is necessary to provide treatment to you.

To request a restriction you must make your request in writing to attention Privacy Officer at the address on this Notice. Your request must describe in a clear and concise fashion: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply (for example, disclosures to your spouse).

*Request Confidential Means of Communication.* You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing attention Privacy Officer to the address on this Notice. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

*Inspect and Copy.* You have the right to inspect and receive a copy of your PHI that our practice may use to make decisions about you and your treatment for as long as we maintain this information in our records, including medical and billing records. To inspect or obtain a copy of your PHI, please submit a request in writing, attention Medical Records Supervisor to the address on this Notice. If you request a copy of your PHI, we may charge a reasonable fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page for paper copies and must generally be paid before or at the time we provide you with copies of your PHI.

Under certain circumstances, we may deny your request to inspect or obtain a copy of your PHI. If your request for inspection is denied, we will provide you with a written notice explaining our reasons for such a denial, and will include a complete description of your rights to have the decision reviewed and how you can exercise those rights.

*Amendment.* If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our practice.

To request an amendment, your request must be made in writing and submitted to Privacy Officer, at the address on the Notice. In addition, your request should include the reasons(s) why you believe we should amend your information. We will deny your request 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 part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the PHI is not available to amend the information.

If we deny your request for an amendment we will provide you with a written notice of our denial that explains our reasons for doing so. You will have the right to submit a written statement disagreeing with our denial. You will also be informed of how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in greater detail in any written denial notice.

*Accounting of Disclosures.* You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of disclosures our practice has made regarding your PHI. An accounting of disclosures will include all disclosures made after April 14, 2003, *except the following:*

- Disclosures to carry out treatment, payment, and health care operations;
- Disclosures made to you;
- Disclosures pursuant to your authorization;
- Disclosures made to persons involved in your care;
- Disclosures for national security or intelligence purposes; and
- Disclosures to correctional institutions or law enforcement officials.

To request an accounting of disclosures, you must submit your request in writing, attention “Medical Records Supervisor” at the address listed on this Notice. Your request must include a time period of requested disclosures, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. Additional lists within the same 12 month period will be assessed a charge for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

*Complaints.* If you feel 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, please submit a written complaint to our Privacy Officer, at the address on this Notice. All complaints must be submitted in writing. The submission of a complaint to our practice or the Secretary of the Department of Health and Human Services will not affect your status as a patient of our practice. You will not be penalized in any way for filing a complaint.

If you have any questions regarding this Notice or our health information privacy policies, please contact the Privacy Officer at the address below.

**Privacy Officer**

**New York Spine & Wellness Center, 5496 East Taft Road North Syracuse, New York 13212 315-552-6700**

Effective: April 14, 2003

Revised: April 1, 2013

**Acknowledgement of Receipt of Notice of Privacy Practice**

Patient Name: \_\_\_\_\_

I acknowledge that I have received New York Spine & Wellness Center's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

Date: \_\_\_\_\_

**If this Acknowledgement is signed by a Personal Representative of the patient, the Representative's authority to act on behalf of the patient is:** \_\_\_\_\_  
[parent / legal guardian / health care proxy]

\_\_\_\_\_  
Signature of Personal Representative

Date: \_\_\_\_\_

\_\_\_\_\_  
Print name of Personal Representative