

# NOTICE OF PRIVACY PRACTICES

Orthopaedic Spine Institute SC and VM Spine Institute SC are required by law to maintain the privacy of protected health information (PHI). PHI is information about you that may identify you and relates to your past, present, or future mental or physical health or condition and related services. We are also required to provide individuals with notice of our legal duties and the privacy practices used in our offices with respect to PHI. This notice describes how we may use or disclose your PHI for various purposes within our medical and dental clinics as well as our pharmacy. It also describes your rights to access and control your PHI. Please review it carefully. This notice applies to all of the following Orthopaedic Spine Institute and VM Spine Institute clinics [1585 N Barrington Rd DOB 2, Suite 506. Hoffman Estates, IL 60169] are required by federal and state law to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the provisions of a revised Notice effective for all PHI that we maintain. Upon your request, we will provide you with any revisions to the Notice of Privacy Practices. Send a written request to the attention of Privacy Officer, 1585 N Barrington Rd DOB 2, Suite 506. Hoffman Estates, IL; and a copy of the revised Notice will be mailed to you within thirty (30) days.

## **Use and Disclosure of PHI for Treatment, Payment, and Operations**

Your PHI may be used and disclosed by your health care provider, our office staff, and others outside our offices that are involved in your care and treatment for the purposes of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of this practice. Following are examples of the types of uses and disclosures of your PHI that the practice is permitted to make. This list is not exhaustive, it is only meant to describe and provide examples of the way we may use and disclose your PHI.

### **1. Treatment**

Our practice may use your PHI when treating you. This includes provision of services by our providers and also the coordination and management of your care with other doctors, dentists, pharmacists, insurance companies, home health agencies, and others. For example, we may share your information with your Primary Care Physician or another specialist to whom you have been referred; or, we may provide the pharmacy with information needed to fill a prescription for you. Many of the people who work for our practice – doctors, nurses, office staff, etc. – may use or disclose your PHI in order to treat you or assist others in treating you. Additionally, we may disclose your PHI to your spouse, children, parents, or other family members and caregivers.

### **2. Payment**

Orthopaedic Spine Institute may use or disclose your 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 insurance company (Medicare, Blue Cross, etc.) to certify that you are eligible for benefits. We may also provide your insurer with details regarding your treatment to determine if your insurer will pay for your treatment. We also may use and disclose your PHI to obtain payments from third parties that may be responsible for such costs, such as family members or those with power of attorney over your affairs. We may also use your PHI to bill you directly.

### **3. Health Care Operations**

Our practice may use and disclose your PHI to operate our business and to evaluate the quality of care you receive from us. These activities may include, but are not limited to, business planning, cost-management, or training activities. For example, we may use a sign-in sheet at check-in, call

your name in our waiting room when we're ready to see you or when your prescription is ready, or send you postcards to remind you of your appointment. We may share your PHI with Business Associates that perform various activities, like billing or transcription, for the practice. Whenever Orthopaedic Spine Institute SC or VM Spine Institute SC make an arrangement with a Business Associate that involves possible use or disclosure of PHI; we will have a written contract that contains terms that will protect the privacy of your PHI. We may use your PHI to provide you with information about your health condition or to provide you with information about treatment alternatives and or other health-related benefits and services that may be of interest to you.

### **Uses and Disclosures Made Unless You Object**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. The following examples are instances in which, unless you object, your PHI may be used or disclosed. To object to the following uses of your PHI, notify this organization's Privacy Officer in writing at the address given in the third paragraph of this Notice.

#### **1. Disaster Relief**

We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and/or disclosures to family and other individuals involved in your health care.

#### **2. Others Involved in Your Health Care**

We may disclose to a member of your family, a relative, a close friend, or any other person that you identify, your PHI based on our professional judgment of that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose as much information as necessary if we determine that it is in your best interest.

#### **3. Registries**

Orthopaedic Spine Institute SC and VM Spine Institute SC may disclose protected health information to registries in the future: for purposes of coordination and management of care with other covered entities.

### **Uses and Disclosures Made with Your Written Authorization**

Other uses and disclosures of your protected health information as outlined below will be made only with your written authorization, unless otherwise permitted or required by law. You may cancel or change your authorization at any time to prevent future use of the authorization by notifying the clinic in writing. This will prevent any future action based on the authorization, but it does not affect any action already taken based on the authorization.

#### **1. Marketing Purposes**

Covered entities must obtain authorization to use PHI to make any treatment and health care operations communications if they receive financial remuneration for making the communication from a third party whose product or service is being promoted.

#### **2. Sale of PHI**

This type of disclosure must be authorized if it will result in remuneration to the covered entity. We currently do not sell PHI.

#### **3. Fundraising Communications**

We may contact you regarding raising funds for our organization and you have the right to opt out of receiving such communications.

## **Disclosures Made Without Your Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your authorization. These situations include:

### **1. Situations Required by Law**

We may use or disclose your PHI as required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

### **2. Public Health Risks**

Our practice may use or disclose your PHI to public health authorities that are authorized by law to collect or receive the data. This disclosure will be made for the purpose of controlling disease, injury, or disability.

### **3. Communicable Diseases**

We may disclose your PHI, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

### **4. Health Oversight**

Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Examples include: audits, inspections, investigations, surveys, licensure, disciplinary actions, and other activities necessary for the government to monitor government programs, compliance, and the health care system in general.

### **5. Legal Proceedings**

We may use and disclose your PHI in response to a court or administrative order, discovery request, subpoena, or other lawful process if you are involved in a lawsuit or similar proceeding or in other conditions when such use and disclosure are expressly authorized.

### **6. Law Enforcement**

We may disclose PHI for law enforcement purposes. These purposes include: legal processes and otherwise required by law, requests for limited information for identification and location purposes, requests pertaining to the victims of a crime; and alerting law enforcement officials of suspicion of criminal conduct as a cause of death, in the event that the crime occurs on the clinic's premises, or that a medical emergency exists and it is likely that a crime occurred.

### **7. Abuse or Neglect**

We may disclose your PHI to public officials who are authorized by law to receive reports of abuse, neglect, or domestic violence.

### **8. Food and Drug Administration (FDA)**

We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biological product deviations; track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance as required.

### **9. Coroners, Funeral Directors, and Organ Donation**

Our practice may disclose PHI to a medical examiner or coroner to identify a deceased individual or identify the cause of death. We may also release information to a funeral director in order for them to perform their jobs. We may also disclose PHI in reasonable anticipation of death for the purpose of facilitating organ donation.

#### **10. Research**

We may disclose PHI to researchers when an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has reviewed their research.

#### **11. Serious Threats to Health or Safety**

Our practice may use or disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of others. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

#### **12. Military Activity and National Security**

We may disclose your PHI if you are a member of U.S. or foreign armed forces (including veterans) and if required by the appropriate authorities. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President and or others legally authorized.

#### **13. Inmates**

We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the process of providing care for you.

#### **14. Worker's Compensation**

We may disclose PHI to comply with workers' compensation and other similar legally established programs.

#### **15. Fundraising Purposes**

We may disclose your dates of treatment and demographic information for fundraising purposes, including to business associates or to a related foundation, unless prohibited by law.

#### **16. Other Required Uses or Disclosures**

Under the law, we must make disclosures to you, and when required, to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your PHI.

## **Your Rights Regarding Your PHI**

### **1. 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 request that we only contact you at an alternate number other than your home number. In order to request a type of confidential communication, you must make a written request by completing the Request for Confidential Communications Form available at the Front Desk. Our practice will accommodate all reasonable requests. You do not have to give a reason for your request.

### **2. 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 may also request that we not disclose any part of your PHI to family members or friends who may be involved in your care or for notification purposes as described previously in this Notice. We are not required to agree to your request; however, if we do agree, we will follow the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. With this in mind, please discuss any restriction with your health care provider. In order to request a restriction in our use or disclosure of your PHI, you must complete the Request for Restrictions on Uses & Disclosures Form available at the Front Desk and submit it to the Privacy Officer.

### **3. 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. Under federal law, however, you may not inspect psychotherapy notes (separate authorization must be obtained); information compiled in anticipation of court proceedings; or PHI subject to law that prohibits access. You may submit your request by completing the Request for Authorization to Release PHI Form available at the Front Desk. We will provide a one-time only free copy of your medical records (electronic or paper). Beyond this free copy, our practice may charge a fee for the costs of copying, mailing, and labor associated with your request. Our practice may deny your right to inspect and/or copy in certain limited circumstances; however, you may request a review of the denial by contacting our Privacy Officer.

### **4. Amendment**

You have the right to request that we amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept HIPAA 001-01 Notice of Privacy Practices Revised 11/17 by or for our practice. To request an amendment, you must complete the Request for Correction or Amendment of PHI Form available at the Front Desk and submit it to the Privacy Officer. Our practice may deny your request if, in our opinion, the request is not accurate or complete; not part of the PHI kept by our practice; not part of the record you would be permitted to inspect and copy; or not created by our practice unless the individual or entity that created the information is not available to amend the information.

### **5. Accounting of Disclosures**

All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of disclosures our practice has made of your PHI. An accounting of all disclosures is available to all patients. Our office will provide one free copy per 12 months, upon request; however, our practice may charge for additional copies received within the 12 months. To request an “accounting of disclosures” complete the Request for Accounting of Disclosures Form available at the Front Desk and submit it to the Privacy Officer.

**6. Right to Receive a Paper Copy of This Notice**

You have the right to receive a paper copy of this notice at any time by requesting one from any Health Help, Inc. employee.

**7. 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, in writing at 1585 N Barrington Rd, DOB 2, Ste 506, Hoffman Estates, IL 60169.

**8. Right to Provide an Authorization for Other Uses and Disclosures**

Our practice will obtain your written authorization for other 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.

**9. Restriction Request**

Upon Full Payment Our practice is required to agree to a requested restriction on a disclosure of PHI about the individual to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity (fully out-of-pocket).

**10. Breach Notification**

Our practice is required by law to notify all affected individuals following a breach of unsecured PHI. This notification will be made through first class mail.