



ADVANCED SPINAL CARE & REHABILITATION

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

The Practice (the "Practice") in accordance with the federal Privacy Rule, 45 CFR part 160 and 164 (the "Privacy Rule") and applicable state law, is committed to maintaining the privacy of your protected health information ("PHI"). PHI includes information about your health condition and the care and treatment you receive from the Practice and is often referred to as your health care or medical record. This Notice also details your rights regarding your PHI.

HOW THE PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The Practice, in accordance with this Notice and without asking for your express consent or authorization, may use and disclose your PHI for the purposes of:

- (a) **Treatment**- *To provide you with the health care you require, the Practice may use and disclose your PHI to those health care professionals, whether on the Practice's staff or not, so that it may provide, coordinate, plan and manage your health care. For example, a chiropractor treating you for lower back pain may need to know and obtain the results of your latest physician examination or last treatment plan.*
- (b) **Open Therapy/Files Room**- *You will have the opportunity to talk to your doctor and staff members in private. However, this practice provides therapy in an open area. This means that statements made by you or practice employees during therapy may be over heard by others. If you have comments you wish to make privately when you are brought to the therapy area or during therapy, please inform the doctor or staff and we will accommodate your request. Our patient files are also located in an area that is open, however no patients are allowed in this area without a Practice staff member or the doctor.*
- (c) **Newsletter**- *Periodically you may receive a newsletter from this practice that highlight practice activities and information on products and services that will benefit your health.*
- (d) **Payment**- *To get paid for services provided to you, the Practice may provide your PHI, directly or through a billing service, to a third payer who may be responsible for your care, including insurance companies and health plans. If necessary, the Practice may use your PHI in other collection efforts with respect*

to all persons who may be liable to the Practice for bills related to your care. For example, the Practice may need to provide the Medicare program with information about health care services that you received from the Practice so that the Practice can be reimbursed. The Practice may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.

- (e) **Health Care Operations**-To operate in accordance with applicable law and insurance requirements and to provide quality and efficient care, the Practice may need to compile, use and disclose your PHI. For example, the Practice may use your PHI to evaluate the performance of the Practice's personnel in providing care to.

OTHER EXAMPLES OF HOW THE PRACTICE MAY USE YOUR PROTECTED HEALTH INFORMATION.

- (a) **Advice of Appointment and Services**- the Practice may, from time to time, contact you to provide appointment reminders of information about treatment alternatives or other health-related benefits and services that may be of interest to you. The following appointment reminders may be used by the Practice: a) a postcard mailed to you at the address provided by you; and b) telephoning your home and leaving a message on your answering machine or with the individual answering the phone.
- (b) **Directory/Sign-in Log**- The Practice maintains a sign-in log at its reception desk for individuals seeking care and treatment in the office. The sign-in log is located in a position where staff can readily see who is seeking care in the office, as well as the individuals' location within the Practice's office suite. This information may be seen by, and is accessible to, others who are seeking care or services in the Practice's offices.
- (c) **Family/Friends**-The Practice may disclose to a family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Practice may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:
- (i) If you are present at or prior to the use or disclosure of your PHI, the Practice may for disclose your PHI if you agree, or if the Practice can reasonable infer from the circumstances, based on the exercise of its professional judgment that you do not object to the use or disclosure.
- (ii) If you are not present, the Practice will, in the exercise of professional judgment, determine

*Whether the use or disclosure is in your best interests and, if so,
disclose only the PHI that
is directly relevant to the person's involvement with your care.*

**OTHER USE & DISCLOSURES WHICH MAY BE PERMITTED OR REQUIRED
BY LAW**

The Practice may also use and disclose you PHI without your consent or authorization in the following instances:

- (a) **De-Identified Information**- The Practice may use and disclose health information that may be related to your care but does not identify you and cannot be used to identify you.*
- (b) **Business Associate**-The Practice may use and disclose PHI to one or more of its business associates if the Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists the Practice in undertaking some essential function, such as billing company that assists the office in submitting claims for payment to insurance companies.*
- (c) **Personal Representative**-The Practice may use and disclose PHI to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.*
- (d) **Emergency Situations**-The Practice may use and disclose PHI for the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your Consent as soon as possible: The Practice may also use and disclose PHI to public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.*
- (e) **Public Health Activities**-The Practice may use and disclose PHI when required by law to provide information to a public health authority to prevent or control disease.*
- (f) **Abuse, Neglect or Domestic Violence**-The Practice may use and disclose PHI when authorized by law to provide information if it believes that the disclosure is necessary to prevent serious harm.*
- (g) **Health Oversight Activities**-Practice may use and disclose PHI when required by law to provide information in criminal investigations, disciplinary actions, or other activities relating to the community's health care system.*
- (h) **Judicial and Administrative Proceeding**- the Practice may use and disclose PHI in response to a court order or a lawfully issued subpoena.*
- (i) **Law Enforcement Purposes**- the Practice may use and disclose PHI, when authorized, to law enforcement official. For example, your PHI may be the subject of a grand jury subpoena, or if the Practice believes that your death was the result of criminal conduct.*
- (j) **Coroner or Medical Examiner**- The Practice may use and disclose PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.*
- (k) **Organ, Eye or Tissue Donation**-The Practice may use and disclose PHI if you are an organ donor to the entity to whom you have agreed to donate your organs.*

- (l) **Research**- the Practice may use and disclose PHI subject to applicable legal requirements if the Practice is involved in research activities.
- (m) **Avert a Threat to Health or Safety**-The Practice may use and disclose PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonable able to prevent or lessen the threat.
- (n) **Specialized Government Functions**- the Practice may use and disclose PHI when authorized by law with regard to certain military and veteran activity.
- (o) **Workers' Compensation**- The Practice may use and disclose PHI if you are involved in a Worker's Compensation claim to an individual or entity that is part of the Worker's Compensation system.
- (p) **National Security and Intelligence Activities**- the Practice may use and disclose PHI to authorized governmental officials with necessary intelligence information for national security activities.
- (q) **Military and Veterans**- the Practice may use and disclose PHI if you are a member of the armed forces, as required by military command authorities.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization.

YOUR RIGHTS

You have the right to:

- (a) Revoke any Authorization or consent you have given to the Practice, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
- (b) Request special restrictions on certain uses and disclosures of your PHI as authorized by law. In general, this relates to your right to request special restrictions concerning disclosures of your PHI regarding uses for treatment, payment and operational purposes under Privacy Rule, Section 64.522(a) and restrictions related to disclosures to your family and other individuals involved in your care under Privacy Rule, Section 164.510(b). Except in certain instances, the Practice may not be obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.
- (c) Receive confidential communications of PHI by alternative means or at alternative locations as provided by Privacy Rule Section 164.522(b). For instance, you may request all written communications to you marked "Confidential Protected Health Information." You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.
- (d) Inspect and copy your PHI as provided by federal law (including Privacy Rule, Section 164.524) and state law. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. The Practice can Charge you a fee for the cost of copying, mailing or other supplies associated with your request.

kp'egt vclp'ukwvklpu'vj cv'ctg'f ghkpgf 'd{'rcy . 'yj g'Rtceveg'o c{'f gp {"{qwt'tgs wguv." dw'{'qw'y knj' cxg'yj g'tki j v'vq'j cxg'yj g'f gplcn'tg'kcy gf 'cu'ugv'htvj 'o qtg'hwml 'lp' yj g'y tkwgp'f gplcn'pqveg0

*g+ Co gpf {"qwt'RJ Kcu'r tqxkf gf 'd{'hgf gtcn'rcy *kpenw' lpi 'Rtkxce{'T wrg.'Ugevkqp" 3860748+'cpf 'ucvg'rcy 0Vq'tgs wguv'cp'co gpf o gpv."{qw'o wuv'uwo k'c'y tkwgp" tgs wguv'vq'yj g'Rtcevegau'Rtkxce{'Qhlegto[qw'o wuv'r tqxkf g'c'tgcuqp'yj cv'uw r qtw' {"qwt'tgs wguv'0Vj g'Rtceveg'o c{'f gp {"{qwt'tgs wguv'kh'k'ku'pqv'lp'y tkkpi . 'kh'{'qw'f q" pqv'r tqxkf g'c'tgcuqp'lp'uw r qt'v'qh'{'qwt'tgs wguv.'kh'yj g'lphto cvkqp'vq'dg'co gpf gf " y cu'pqv'etgcvgf 'd{'yj g'Rtceveg'*wprguu'yj g'lpf kxkf wcn'qt 'gpvkl' 'yj cv'etgcvgf 'yj g" lphqto cvkqp'ku'pq'npqi gt'cxckrdrg+. 'kh'yj g'lphto cvkqp'ku'pqv'r ct'v'qh'{'qwt'RJ K o clpvckpgf 'd{'yj g'Rtceveg.'kh'yj g'lphto cvkqp'ku'pqv'r ct'v'qh'yj g'lphto cvkqp'{"qw" y qwf 'dg'r gto kwgf 'vq'lpur gev'cpf 'eqr {. 'cpf 'lqt'kh'yj g'lphto cvkqp'ku'ceewcvg'cpf" eqo r ngv'0Kl'{'qw'f kuci tgg'y kj 'yj g'Rtcevegau'f gplcn'{"qw'y knj' cxg'yj g'tki j v'vq" uwo k'c'y tkwgp'ucvgo gpv'qh'f kuci tgg'o gpv0

*h+ Tgegkxg'cp'ceeqpwp'kpi 'qh'f kuenuwt'gu'qh'{'qwt'RJ Kcu'r tqxkf gf 'd{'hgf gtcn'rcy " *kpenw' lpi 'Rtkxce{'T wrg.'Ugevkqp"386074: +'cpf 'ucvg'rcy 0Vq'tgs wguv'cp'ceeqpwp'kpi . " {"qw'o wuv'uwo k'c'y tkwgp'tgs wguv'vq'yj g'Rtcevegau'Rtkxce{'Qhlegto0Vj g'tgs wguv' o wuv'ucvg'c'wo g'r gtlqf . 'y j lej 'o c{'pqv'dg'npqi gt'yj cp'ukz '*8+'{gctu'cpf "o c{'pqv' kpenw' g'f cvgu'dghqg'Cr tkl'36."42250Vj g'tgs wguv'uj qwf 'lpf kecvg'lp'y j cv'htqto {"qw" y cpv'yj g'kuv'uwej "cu'c'r cr gt'qt'grgevtqple'eqr {0Vj g'htuv'kuv'{'qwt'tgs wguv'y kj lp'c" wy gnxg'*34+'o qp'y 'r gtlqf 'y kn'dg'htgg.'dw'yj g'Rtceveg'o c{'ej cti g'{"qw'ht'vj g" equv'qh'r tqxkf lpi 'cf f kkpncn'kuu'0Vj g'Rtceveg'y knipqvh'{"{qw'qh'yj g'equu" kpxqrkgf 'cpf {"qw'ecp'f gekf g'vq'y kj f tcy 'qt'o qf kh' {"qwt'tgs wguv'dghqg'cp'{"equu" ctg'lpewttgf 0'

*i + Tgegkxg'c'r cr gt'eqr {"qh'yj g'Rtkxce{'P qveg'htqo 'yj g'Rtceveg'*cu'r tqxkf gf 'd{" Rtkxce{'T wrg.'Ugevkqp"3860742'*d+'*3+'*XK'*H'wr qp'tgs wguv'vq'yj g'Rtcevegau' Rtkxce{'Qhlegto

*j + Eqo r nclp'vq'yj g'Rtceveg'qt'vq'yj g'Ugetgvt {"qh'J J U'*cu'r tqxkf gf 'd{'Rtkxce {" T wrg.'Ugevkqp"3860742'*d+'*3+'*XK'kh'{'qwdrg'kxg'{"qwt'r tkxce{'tki j w'j' cxg'dggp" xkqr'vqf 0Vq'htg'eqo r nclp'v'y kj 'yj g'Rtceveg.'"{"qw'o wuv'eqpcev'yj g'Rtcevegau' Rtkxce{'Qhlegto0Cm'eqo r nclp'u'o wuv'dg'lp'y tkkpi 0'

"

Vq'qd'vclp'o qtg'lphto cvkqp'cdqw'{"qwt'r tkxce{'tki j w'qt'kh'{'qw'j' cxg's wguv'kpu'{"qw'y cpv' cpuy gtgf 'cdqw'{"qwt'r tkxce{'tki j w'*cu'r tqxkf gf 'd{'Rtkxce{'T wrg.'Ugevkqp"3860742'*d+'*4+' *xkk:."{"qw'o c{'eqpcev'yj g'Rtkxce{'Qhlegto'cu'htqny u<

Name:'Rtkxce{'Qhlegto

Address:'3972'Uqwj i cvg'Rctny c{'.'Eco dtkf i g.'QJ '65947

Phone:'962/654/5856"

"
"
"
"