

Atlanta Spinal Correction Center, LLC

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.

This notice takes effect on _____ and remains in effect until we replace it.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION:

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY:

The law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Writing to us may revoke at any specific written authorization you provide anytime.

For treatment: We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to your doctors, technicians, students or other people who may be taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

For payment: We may use and disclose your medical information for payment purposes.

For health care operations: We may use and disclose your medical information for our health care operations. This may include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the licenses and credentials we need to serve you.

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Additional uses and disclosures: In addition to using and disclosing your medical information for treatment, payment, and health care operation, we may use and disclose medical information for the following purposes:

Facility directory: Unless you notify us that you object, the following medical information about you will be placed in our facilities' directory: your name; your location in our facility; your condition described in general terms.

Notification: Medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up supplies, supplements, x-rays or medical information for you.

Research in limited circumstances: Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral director, coroner, medical examiner: To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized government functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for the correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court orders and judicial and administrative proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person.

Public health activities: As required by law, we may disclose your medical information to public health of legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk if contracting or spreading a disease or condition.

Victims of abuse, neglect, or domestic violence: We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

Workers compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar problems.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. Look or get copies of your medical information. You may request that we provide copies in a format other than photocopies. You must make your request in writing. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request copies, we will charge you \$.25 for each page, and postage if you want the copies mailed to you.
2. Receive a list of all of the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operation and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your medical information. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed.

5. QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

PRIVACY PRACTICE ACKNOWLEDGEMENT

I have received and read the Notice of Privacy Practices for the *Atlanta Spinal Correction Center*, and I understand these privacy practices.

Name _____ Date _____

Signature _____