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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You can ask to see or get a paper copy of your medical record and other health information we have about you. Get a paper copy of Ask us how to do this. your medical record We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. Ask us to correct your medical record We may say no to your request, but we'll tell you why in writing within 60 days. You can ask us to contact you in a specific way (for example, home, office or cell phone) or to send mail to a Request confidential different address. communications We will agree to all reasonable requests. Ask us to limit what we You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say no if it would affect your care. use or share If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree unless a law requires us to share that information. Get a list of those whom You can ask for a list (accounting) of the times we've shared your health information, who we shared it with and we've shared information We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Get a copy of this You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy. privacy notice If you have given someone medical power of attorney or if someone is your legal guardian, that person can Choose someone to act exercise your rights and make choices about your health information. for you We will make sure the person has this authority and can act for you before we take any action. Complaints about this Notice of Privacy Practices or how our office handles your health information should be File a complaint if you directed to our Privacy Officer at: feel your rights are 6818 Austin Center Blvd., Suite 200, Austin, Texas 78731 or (512) 795-2225, extension 220. violated. If you are not satisfied with how our office handles your complaint, you can file a formal complaint with the DHHS

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know. Tell us what you want us to do, and we will follow your instructions.

We will not retaliate against you for filing a complaint.

Office of Civil Rights. Visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- · Share information in a disaster relief situation.
- Include your information in a hospital directory.
- Contact you for fundraising efforts.

If you not able to tell us your preference (for example, if you are unconscious) we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission

- Marketing purposes.
- · Sale of your information.

OUR USES & DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you	We can use your health information and share it with other healthcare professionals who are treating you.	Example: A doctor treating you for an injury asks another doctor about your overall health condition.
Bill for your services	 We can use and share your health information to bill and get payment from health plans or other entities. 	Example: We give information about you to your health insurance plan so it will pay for your services.
organization improve your care, and contact you when necessary. contact you and remind you of an		Example: We use health information about you to contact you and remind you of appointments or call your name after you sign in at our front desk for your appointment.

OTHER USES & DISCLOSURES

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	 We can share health information for certain situations such as: Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety 	
Do research	We can use or share your information for health research.	
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.	
Respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations.	
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or tuneral director when an individual die	
Address workers' compensation, law enforcement and other government requests	 We can use or share health information about you: For workers' compensation claims For law enforcement purposes or with a law enforcement official With health oversight agencies for activities authorized by law For special government functions such as military or national security 	
Respond to lawsuits and legal	We can share health information about you in response to a court or administrative order, or in response to a	

OUR RESPONSIBILITIES

actions

We are required by law to maintain the privacy and security of your protected health information.

subpoena.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know, in writing, if you change your mind.

For more information, see: http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Changes to the Terms of This Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website http://www.spine-ctsi.com.