

FUNCTIONAL SPINE CENTER, P.A.



NOTICE OF PRIVACY POLICIES FOR THE FUNCTIONAL SPINE CENTER

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

- PLEASE REVIEW IT CAREFULLY -

INTRODUCTION

At the Functional Spine Center, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective September 5, 2007, and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit the Functional Spine Center, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professional who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals, charged with improving the health of this state and nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the Functional Spine Center, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record,
- Amend your health record,
- Obtain an accounting of disclosures of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

The Functional Spine Center is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction,
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied to us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the practice's Privacy Officer at 207-777-7711.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

Treatment: We will use your health information for treatment. For example, information obtained by a chiropractic assistant, chiropractor, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your chiropractor will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, your chiropractor will know how you are responding to treatment.

Payment: We may use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Operations: We may use and disclose health information about you for regular operations necessary to run the Functional Spine Center. For example, we may use health information to review our services and to evaluate the performance of our staff in caring for you.

Communication Barriers and Emergencies: We may use and disclose your health information if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may use and disclose health information to researchers when their research has been approved by an institutional board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Fund raising: We may contact you as part of a fund raising effort.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Specialized Government Agencies: We may disclose your health information for military, national security, prisoner and government benefits purposes.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

Law enforcement: We may disclose health information about you when required to do so by federal, state or local law or in response to a valid subpoena.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities for purposes of preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to supplements/medications, and reporting disease or infection exposure.

Organ Donation: We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Medical Examiners and Funeral Directors: We may disclose health information to medical examiners or funeral directors consistent with applicable law to carry out their duties.

Federal law makes provision for your health information to be released to an appropriate health oversight authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.