

Alaska Spine Institute

Notice of Privacy Practices for Protected Health Information

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.

Effective Date: September 20, 2013

- We are required by law to maintain the privacy of your protected health information, to provide notice of our legal duties and privacy practices with respect to that PHI, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice as long as it remains in effect.
- Protected Health Information or PHI means any information, whether oral or recorded that (i) relates to your past, present or future physical or mental condition, (ii) the provision of health care to you, or (iii) the past, present or future payment for the provision of health care to you.
- We reserve the right to change the terms of this Notice as necessary to comply with changes to the Health Information Portability and Accountability Act of 1996, as amended (“HIPAA”), and to make the new Notice effective for all PHI we maintain. If we change any of the terms of this Notice, we will provide a new Notice to you upon request or have a copy available for you the next time you come to our office.
- If you want to receive this notice via email, please provide your email address:
_____. If you receive only an electronic version of this Notice, you may request a paper copy at any time.

Uses and Disclosures of Your PHI

I. Uses and Disclosures That May Be Made Without Your Authorization.

1. **Treatment.** We will use and disclose your PHI as necessary for your treatment. For example, a doctor or healthcare facility involved in your care may request your PHI in our possession to assist in your care.
2. **Payment.** We will use and disclose your PHI as necessary for payment purposes. For example, except as otherwise noted, we may disclose your PHI to your health insurance company in order to receive payment for your treatment.
3. **Healthcare Operations.** We will use and disclose your PHI as necessary for healthcare operations. For example, we may use or disclose your PHI for quality assessment and improvement, reviewing competence or qualifications of healthcare providers, and conducting or arranging for medical review or compliance. We may also contact you to provide appointment reminders or information about treatment alternatives or health benefits and services that may be of interest to you.
4. **Business Associates.** It may be necessary for us to disclose your PHI to outside people or organizations, known as business associates, which perform services on our behalf pursuant to agreements or contracts. Business associates are subject to the limitations on use or disclosure of your PHI described in this Notice, and are required by law to appropriately safeguard the privacy of your PHI.
5. **Family, Friends and Personal Representatives.** If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure to family members is in your best interest, we may disclose your PHI related to your care, payment or for notification purposes..
6. **Other Uses and Disclosures.** We are permitted or required by law to use or disclose your PHI in the following circumstances:
 - For any purpose required by law;
 - For public health activities (for example, reporting of disease, injury, birth, death, surveillance, investigation, intervention) or oversight of an activity or product subject to the jurisdiction of the Food and Drug Administration;
 - To public or private entities to assist in disaster relief efforts or emergency circumstances;
 - To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
 - For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
 - For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);

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- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- For Business Associates and others that we contract with to perform functions on our behalf such as a company to do our billing or a company to provide transcription services;
- For data breach notification purposes to issue legally required notices of unauthorized access to or disclosure of your PHI;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member or veteran of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

II. Uses and Disclosures That Require Your Authorization.

1. **Family, Friends and Others.** With your signed authorization, we may disclose to family members, other relatives, close personal friends, or another person you identify, your PHI relevant to their involvement with your healthcare or paying for your healthcare. To authorize disclosure to family, friends or other individuals, please list all persons by full name authorized to receive disclosures, sign and date the form here:

Signature

Date

2. **Marketing.** We are prohibited from using or disclosing your PHI without your signed authorization for communications regarding treatment alternatives or other health-related products or services if we receive payment from a third party for marketing their products or services. We are permitted to provide you with marketing materials via face-to-face communication or offer you promotional gifts of nominal value. Our business associates are required to request from you separate authorization for their marketing communications.
3. **Sale of PHI.** We are prohibited from using or disclosing PHI for remuneration (*i.e.*, money or items of value) without your signed authorization.
4. **School Immunization Records.** With an appropriate signed authorization, we may disclose proof of immunization records to a school about an individual who is a student or prospective student.
5. **Psychotherapy Notes.** We are prohibited from using or disclosing psychotherapy notes without your signed authorization, except that authorization is not required:
 - If we originate the notes and they are used for treatment;
 - If we use the notes for mental health practitioner training;
 - If we use the notes to defend a legal action brought by you;
 - If we are required by the Secretary of Health and Human Services to disclose the notes in an investigation or compliance determination;
 - If we are required to disclose the notes to a health oversight agency for oversight activities authorized by law;
 - If we disclose the notes to a coroner or medical examiner for the purposes of identification, to determine cause of death or in the course of other legal duties;
 - If we disclose the notes to avert a serious threat to health or safety; or
 - If we use or disclose the notes as permitted to comply with the law.

IV. All Other Uses and Disclosures Require Your Authorization.

We will not use or disclose your PHI for any other purpose unless you have provided us with a signed authorization for that use or disclosure. Unless we have taken action in reliance on your authorization, you have the right to revoke an authorization you have already given if your revocation is in writing.

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V. Other Privacy Protections.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. All use or disclosure of PHI will be restricted to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

Your Rights

I. Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on how we use or disclose your PHI for treatment, payment or healthcare operations.

- **Disclosure to Family and Friends.** You may request in writing that we not disclose your PHI to specific members of your family, relatives, close friends or other persons you identify who are involved in your care or payment for your care. In certain circumstances, we are not required to grant your request for a restriction.
- **Disclosure to Health Plan.** You may request in writing that we not disclose your PHI to your health plan for purposes of payment or healthcare operations and we must honor that request provided that (1) disclosure is not otherwise required by law, and (2) the restricted PHI relates solely to a healthcare item or service for which you or someone on your behalf has paid in full by cash or debit card at the time the services are provided. In other words, if you pay for the item or service "out-of-pocket", we will honor your request not to disclose PHI related to that service to your health plan, subject to the following additional considerations:
 - For bundled services which cannot be unbundled, you may be required to pay for all bundled services in order to maintain the requested restriction;
 - We are not responsible for ensuring confidentiality of PHI used by downstream providers (e.g., labs or pharmacies);
 - If you are in an HMO or similar plan, you may consider using an out-of-network provider that is not subject to payment restrictions imposed by your health plan;
 - PHI restricted under this provision will be flagged, but not segregated in your medical records.

II. Receiving Confidential Communications of Your PHI. You have the right to request confidential communications regarding your PHI from us by alternative means (for example, by fax) or at alternative locations. Your request must be in writing. We will accommodate all reasonable requests, but we may require specific information as to how payment will be handled and/or specification of an alternative address or method of contact.

III. Inspect and Copy. You have the right to submit a written request to inspect or receive a copy or summary of any PHI that we maintain in your medical records. You may also request in writing that we send a copy of your PHI to another person (e.g., another treating physician). We may charge you a reasonable fee for copying, postage, and compiling or explaining a summary of your records. In certain circumstances, we are not required to grant your request for access or copies. We will act on your request for inspection or copies within 30 days, but we may require an additional 30 days if we inform you of the reason for the delay and the new deadline. If we deny your request for access or copies of records we will explain our denial in writing and advise you whether you have the right to request a review of our decision.

IV. Amendment of Your PHI. You have the right to request an amendment to your PHI. You must submit a written request and provide a reason to support the amendment. In certain circumstances, we are not required to grant your request for an amendment. We will act on your request for an amendment within 60 days, but we may require an additional 30 days if we inform you of the reasons for the delay and the new deadline. If we deny your request for an amendment, we will explain our denial in writing and explain your right to respond.

V. Accounting of Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures of your PHI made by us or our business associates for all or part of the six years prior to your request. Certain exceptions may apply. Your first accounting request in a 12-month period will be without charge, but we may charge you a reasonable fee for subsequent requests in that 12-month period. We will act on your request for an accounting within 60 days but may require an additional 30 days if we inform you of the reason for the delay and the new deadline.

VI. Complaints. You have the right to make a complaint if you believe your privacy rights have been violated. You may send a written complaint to us. You may also make a complaint directly to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. To make a complaint with us, contact our Privacy Officer at the address listed below. All complaints must be in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.

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Send all written requests, notices, changes or complaints to:

Rehabilitation Medicine Associates, P.C. dba Alaska Spine Institute
Attn: HIPAA Privacy Officer
3801 University Lake Drive
Anchorage, AK 99508

Phone 907-563-8876

OR, drop off your request or complaint at our offices.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing below I acknowledge receipt of the Notice of Privacy Practices for myself, if I am the patient and am of legal age, or for the patient, if I am a parent, legal guardian or other legally authorized person.

Patient Name (Printed)

Legally Authorized Person Name (Printed)

Relationship (if not patient)

Signature of Patient or Legally Authorized Person

Date

***Acknowledgement of this form will be filed in the patient's medical records.
All requests and changes to the designations made in this Notice
must be submitted in writing.***