

## HIPAA Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed, and how you can get access to this information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Please review this information carefully and contact our privacy officer at 773-321-2800 if you have questions about this notice.

### Who We Are

This NPP describes the privacy practices of an organized health care arrangement. This applies to the health services you receive at the below entities:

- Comprehensive Pain Management Group: including physicians, health care providers, clinical staff and office staff.
- Clinical Neurology and Neurodiagnostic Center: including physicians, health care providers, clinical staff and office staff.
- Spine Consultants, LLC: including physicians, health care providers, clinical staff and office staff.

Collectively, we will be referred to as “we” or “us”. We will share your health information among ourselves to carry out our treatment, payment and healthcare operations.

### Our Privacy Obligations

This HIPAA Notice of Privacy Practices (NPP) describes:

- How we may use and disclose your protected health information (PHI) to carry out treatment, payment, healthcare operations and for other purposes that are permitted or required by law
- Your rights to access and control your PHI

The law requires us to maintain the privacy of certain information called Protected Health Information PHI. PHI is information about you, (including demographic information, healthcare information) that may identify you as it related to your past, present or future physical, mental health or condition and related health care services. This notice applies to all records we have created or maintained in the past and to all records we may create or maintain in the future.

We are required by law to abide by the terms of this NPP and provide you with a copy. We have the right to change the terms of this NPP at any time. We are required by law when we use or disclose (share) your PHI to follow our NPP. The new notice will be effective for all PHI we maintain at that time. You may request a copy of the revised NPP at any time.

### PHI Uses and Disclosures

Your PHI may be used and shared by our physicians, health care providers, clinical staff and office staff with others outside of our office that are involved in your care and treatment for the purposes of providing health care services to you. We may use and share your PHI to provide treatment, obtain payment for your treatment and to perform our health care operations.

Treatment: We use and share your PHI to provide care and other services to you including diagnose to treat your injury or illness and coordinate your care. Some examples include, but not limited to: We may share your PHI with other doctors, health care providers, pharmacists and clinical staff involved with your care. Your family members may be a part of your medical care outside of our office and may require your PHI in order to care for you.

Payment: We may use and share your PHI to receive payment for services we provide to you. Some examples include, but not limited to: We may share your PHI to request and receive payment from your Insurance Company or program that arranges or pays for the cost of some or all of your health care and will confirm they will pay for health care. We may share your PHI with the person you told us is primarily responsible for paying for your treatment (i.e. the guarantor) such as your spouse or parent.

Health Care Operations: We may use and share your PHI in order to support the business activities of our practice. Some examples include, but not limited to: quality assessment activities, employee review activities, training of staff, resolution of your complaints. We may share your PHI to contact you (or your designate) to remind you of an

upcoming appointment. We may share your PHI with certain other parties who help us with our activities, including those we hire to perform services

**Minimum Necessary:** Your PHI disclosure will be limited to the minimum amount necessary required to complete the task at hand.

**Uses and Sharing of PHI You Can Agree, Prohibit or Restrict**

We may use and share your PHI in the examples provided below. You have the opportunity to agree, prohibit or restrict the use or sharing of all or part of your PHI in these circumstances. If you are not present, unable to agree, prohibit or restrict the use or sharing of this information, your health care provider may (using their professional judgment) determine whether the use or sharing is in your best interest. In this case, the minimum amount of PHI will be used or shared.

**Others Involved in your Health Care:** Unless you prohibit, we may use or share to a family member, personal representative, relative or close friend your PHI as it relates to that person's involvement in your care. We may use or share your PHI to notify or assist in notifying a family member, personal representative, relative, close friend or any other person that is responsible for your care of your location, general condition or death.

**Emergencies:** We may use or share your PHI in an emergency treatment situation. If this happens your physician or health care provider will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

**Disaster Relief Purposes:** We may use or share your PHI to a public or private entity authorized to assist in disaster relief efforts.

**Uses and Sharing of PHI Based Upon Written Authorization**

Other uses and sharing of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such authorization at any time, in writing, except to the extent that we have already taken an action to use or share your PHI in reliance on the use and disclosure indicate in that authorization.

**Marketing:** We must also obtain your written permission (authorization) prior to using your PHI to send you any marketing materials. However, we may communicate with you about products or services related to your Treatment, case management, or care coordination, or alternative treatments, therapies, health care providers, or care settings without your permission.

**Uses and Disclosures of Your Highly Confidential Information:** Federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including any portion of your PHI that is:

- kept in psychotherapy notes
- about mental health and developmental disabilities services
- about alcohol and drug abuse prevention, Treatment and referral
- about HIV/AIDS testing, diagnosis or Treatment
- about venereal disease(s)
- about genetic testing
- about child abuse and neglect
- about domestic abuse of an adult with a disability
- about sexual assault
- In vitro Fertilization (IVF)

Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

## Special Situations

**Required By Law:** We may use or share your PHI as required by law. The use or sharing will be made in compliance with the law and will be limited to the relevant requirements of the law. As required by law, you will be notified of any such use or sharing.

**Public Benefit:** We may use or share your PHI as required by law for the purposes deemed to be in the public interest or benefit:

- As required by law
- For public health activities, including disease and vital statistics reporting, child abuse reporting, certain Food and Drug Administration oversight purposes with respect to FDA regulated product or activity, and to employers regarding work-related illness or injury required under the Occupational Safety and Health Act (OSHA) or other similar laws
- To report adult abuse, neglect or domestic violence
- To health oversight agencies
- In response to court and administrative orders and other legal processes including lawsuits or similar proceedings
- To law enforcement official pursuant to subpoenas and other legal processes concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person
- To avert a serious threat to health or safety or in connection with public health risks
- To the military and to federal officials for lawful intelligence, counterintelligence and national security activities
- To correct institutions regarding inmates
- As authorized by and to the extent necessary to comply with state workers' compensation laws
- To coroners, medical examiners and funeral directors as needed to perform their duties as required by law
- To organ procurement organizations for the purpose of facilitating organ, eye or tissue donation and transplantation
- In connection with certain research activities
- We may share your PHI as permitted or required by state law relating to workers' compensation or other similar programs.

## Your Rights

The following is a statement of your rights with respect to PHI and a brief description of how you may exercise these rights.

**Right to Access:** You have the right, with some limited exceptions, to inspect and copy your PHI within a designated record set for as long as we maintain the PHI. A designated record set contains medical and billing records as well as any other records that the practice uses for making decisions about you. Any request for your PHI must be made in writing to our Privacy Officer. We may deny your request and will provide you a written explanation for that denial. We will also let you know if the reasons for the denial can be reviewed and how to request such a review.

Under federal law, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and other protected information access to which is restricted by law.

You have the right to access your PHI in an electronic format, upon request, and to direct that it be sent to another designated person or entity, where it is available.

**Right to Revoke Your Written Permission (Authorization):** You may change your mind about your authorization or any written permission regarding your Highly Confidential Information by giving or sending a written "revocation statement" to the HIPAA Program Office at the address below. The revocation will not apply to the extent that we have already taken action where we relied on your permission.

**Right to Disclosure Accounting:** You have the right to receive an accounting of disclosures made by us in the past six years. This accounting excludes any disclosures made for treatment, payment or healthcare operations unless they were made through an electronic health record. You have the right to receive an accounting of any electronic

disclosures, including those for treatment, payment or healthcare operations made by us during the past three years, even those made to business associates. This accounting excludes any disclosures made to you personally or to family members or friend involved in your care, disclosures authorized by you, and disclosures made for certain other activities. If you request this accounting more than once in a 12-month rolling calendar year, we may charge you a reasonable, cost-based fee for these additional requests.

**Right to Restrict:** You have the right to request that we place additional restrictions on our use or disclose of your PHI. We are not required to agree to these additional restrictions, but if we do, we are required to abide by these restrictions (except in emergency situations.) A request to restrict must be made in writing to our Privacy Officer and must specifically identify the requested restrictions. We will not accept any restriction request that is not in writing.

**Right to Confidential Communications:** You have the right to request that we communicate with you about your PHI by alternate means or at alternate locations. Your request must be submitted, in writing, to our Privacy Officer. We will not ask for a reason for your request. We will accommodate most reasonable requests. We may condition this accommodation by asking for information as to how payment will be handled. We do not have to agree to your requested restriction.

**Right to Request Amendments:** You have the right to request an amendment of your PHI within a designated record set for as long as we maintain this information. Your request must be in writing with an explanation of what information is to be amended and why. We may deny this request, and if denied, we will provide you a written explanation. You may respond to this denial with a statement of disagreement to be attached to the information you want amended. If we do accept your request, we will make reasonable efforts to inform others who we are aware of that also have this information of this amendment and to include it in any future disclosures.

**Right to a Copy of this Notice:** you may request a copy of this Notice at any time by contacting our Privacy Officer.

#### **Effective Date and Duration of This Notice**

**Effective Date:** This Notice is effective as of March 1, 2010.

**Right to Change Terms of this Notice:** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in common areas throughout our clinics. You also may obtain any new notice by contacting the HIPAA Program Office.

You may contact the HIPAA Program Officer at:

**Spine Consultants, LLC**

1300 Higgins Road Suite 200

Park Ridge, IL 60068

Telephone Number: (773) 321-2800

**Questions and Complaints:** If you want more information about our privacy practices or have any questions or concerns, please contact the Company Privacy Officer at 773-321-2800.

If you are concerned that we may have violated your privacy rights, you may complain to the Company Privacy Officer at 773-321-2800. You may also submit a written complaint to the US Department of Health and Human Services; see information at its website [www.hhs.gov](http://www.hhs.gov). If you request, we will provide you with the address to file your complaint.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.