

Notice of Privacy Practices

(Long Island Spine Specialists, PC)

What is this?

This notice describes the privacy practices of Long Island Spine Specialists, PC and how Long Island Spine Specialists may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law.

It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at the time. Upon your request, we will provide you with any revised Notice of Privacy Practices by (accessing our website www.lispine.com), calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time or your next appointment.

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked by Long Island Spine Specialists to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your physician will use or disclose your protected health information as described in Section A.

Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section B, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures.

Section A:

Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and disclose PHI in order to treat you, obtain payment for services provided to you and conduct our “health care operations” (e.g. internal administration, quality improvement and customer service) as detailed below:

1. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

2. **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.
3. **Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities.

In order to maintain our health care operation we may disclose your protected health information because we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, via phone and leave a message on your answering machine.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

4. **Emergencies:** If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly

relevant to the person's involvement with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

Public Health Activities. We may disclose PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victim of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a government authority, including, a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare.

Judicial and Administrative Proceedings. We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. We may disclose PHI to the police or other law enforcement officials as required or permitted or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

Decedents. We may disclose PHI to a coroner or medical examiner as authorized by law.

Organ and Tissue Procurement. We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Research. We may use or disclose PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.

Health or Safety. We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public health or safety.

Specialized Government Functions. We may use and disclose PHI to units of the government with special functions, such as the U.S. Military or the U.S. Department of State under certain circumstances required by law.

Workers' Compensation. We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

As required by law. We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

Section B:

Use and Disclosures Requiring Your Written Authorization

Use or Disclosure with Your Authorization. For any purpose other than the ones described in Section A, we only may use or disclose PHI when (1) you give us your authorization on Long Island Spine Specialist's authorization form.

1. For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company, to your child's camp or school, to your employer, or to the attorney representing the other party in litigation in which you are involved.
2. Special Authorization. Confidential HIV-related information (for example, information regarding whether you have ever been the subject of an HIV test, have HIV infection, HIV-related illness or AIDS, or any information which could indicate that you have ever been potentially exposed to HIV) will never be used or disclosed to any person without your specific written authorization, except to certain other persons who need to know such information in connection with your medical care, and, in certain limited circumstances to public health or other government officials (as required by law), to persons specified in a special court order, to insurers as necessary for payment for your care or treatment, or to certain persons with whom you have had sexual contact or have shared needles or syringes (in accordance with a specified process set forth in New York State law). This special written authorization is a New York State approved form which is a separate document from Your Authorization.

There is only one type of disclosure of confidential HIV related information which is permitted with Your Authorization, as opposed to Your Special Authorization: disclosure to a third party payor for any reason other than obtaining payment for health care services rendered to you.

3. Marketing Communications. We must also obtain your written authorization prior to using your PHI to send you any marketing materials. (We can however, provide you with marketing material in a face-to-face encounter, without obtaining Your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining Your Marketing Authorization.)

Your Individual Rights

- A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to PHI, you may contact our Compliance Officer. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with us or the Director.
- B. Right to Receive Confidential Communications. You may request in writing for someone other than yourself to receive PHI. We will not discuss medical treatment with unauthorized persons.
- C. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you desire access to your records, please obtain a record request form from the office and submit the completed form to the Office Manager. If you request copies, we will charge you **\$0.75 (75cents)** for each page.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to venereal disease, abortion, or care and treatment to which the minor is permitted to consent himself/herself (without your consent) such as HIV testing, sexually transmitted disease diagnosis and treatment, chemical dependence treatment, prenatal care, care received by a married minor, and contraception and/or family planning services).

D. Right to Revoke Your Authorization. You may revoke Your Special Authorization, or Your Marketing Authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Office Coordinator of Long Island Spine Specialists.

E. Right to Amend Your Records. You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Office Coordinator. All requests for amendments must be in writing. The Office Coordinator will give the form to the Long Island Spine Specialists Compliance Office for a decision.

F. Right to Receive An Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply disclosure that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you **\$5.00 per page** of the accounting statement.

G. Right to Receive Paper Copy of this Notice. Upon written request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

Effective Date and Duration of this Notice

A. Effective Date. This notice is effective on April 14, 2003.

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