

## **Notice of Privacy Policy**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. YOU SHOULD REVIEW IT CAREFULLY.**

The Spine & Orthopedic Center, PA ("SOC") is required by law to maintain the privacy and confidentiality of your protected health information. SOC is also required by law to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information. This notice is not meant to be a substitute for the applicable law nor should it be taken as a complete statement of the law. Rather this notice is meant to provide a summary of the applicable law and SOC's policies.

### **Disclosure of Your Health Care Information**

**Treatment.** We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment, healthcare operations and outside our practice to medical providers whose opinion or treatment is medically necessary.

**Others Involved In Your Healthcare.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Payment.** We may disclose your health information to your insurance provider or other third party payee on your behalf for the purpose of obtaining payment.

**Emergencies.** We may disclose your health information to (a) notify or assist in notifying a family member or another person responsible for your care about your medical condition or (b) in the event of a medical emergency.

**Workers' Compensation.** We may disclose your health information as necessary to comply with Workers' Compensation Laws. Such information will generally only be released to a public agency having jurisdiction or to your employer who employed you in their workforce. Such information will be provided if SOC provided you health care, at the request of your employer, and such information is necessary to evaluate whether you have a work-related illness or injury.

**Public Health Purposes.** We may disclose your health information to (a) a public health authority that is authorized by law to collect information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority, (b) a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect, (c) to a person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to a FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity such as the collection or reporting of adverse events, product defects or problems, the tracking of FDA-regulated products, to enable product recalls, repairs, or replacement, or to conduct post marketing surveillance or (d) in relation to a public health investigation into whether 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 so long as the investigating health authority is authorized

by law to notify such person as necessary in the conduct of a public health intervention or investigation.

**Legal Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding. However, SOC will respond only to a lawfully entered order or subpoena issued by or under the authority of an administrative body or judge having jurisdiction over SOC or the patient and so long as other requirements of law have been met.

**Issues Relating to Law Enforcement.** We may disclose your health information to law enforcement agencies for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**Public Organizations.** We may disclose your health information to public agencies such as military forces and agencies related to national security and governmental benefits in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**In Support of Medical Research.** We may disclose your health information to researchers conducting medical research who hold appropriate authorizations.

**Event of Death.** In the event of your death, we may disclose your health information to coroners or medical examiners.

## **Your Health Information Rights**

You have the right to request that the use and disclosure of your health information be restricted. Be advised however that SOC is not required to agree to the restriction that you requested if it does not comply with applicable law or other government directives.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information.

You have a right to request that SOC amend your protected health information. Be advised however that SOC is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of the reason your request was denied and information about how you can disagree with the denial.

You have a right to receive an accounting of any disclosure of your protected health information by SOC.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

### **Notice of Privacy Practices Changes**

SOC may revise this Notice of Privacy Practices at any time. This Notice of Privacy Practices does not constitute, and should not be taken, as a contractual obligation of SOC. Rather this Notice of Privacy Practices is meant to disclose to patients generally what their rights are with respect to SOC and their protected health information. In the event of any doubt of what the law provides beyond the general statements contained in this document, a patient should consult the underlying law including, but not limited to, 45 CFR 164.512 through a legal professional of their own choosing.

### **Questions and Complaints**

If you have questions about any part of this notice, if you want more information about your privacy rights, or if you have a complaint about how SOC has handled your health information please contact Tina Cannon at (561) 245-8603. If she is not available by telephone, you may make an appointment for a personal conference in person or by telephone within 5 working days after SOC's receipt of a written request for such conference. That request should be addressed to the attention of:

Tina Cannon  
9878 Clint Moore Rd, Suite 202  
Boca Raton, Florida 33496

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

Office for Civil Rights  
U.S. Department of Health & Human Services  
61 Forsyth Street, SW. – Suite 3B70  
Atlanta, GA 30323

Thank You